

Notice of Information Practices Houston Neuropsychology Group, PLLC

This notice describes how medical information about you may be used and disclosed, and how you may get access to this information. Please review it carefully.

Understanding Your Health Record Information

Each time you visit a hospital, physician, or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examinations and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- basis for planning your care and treatment.
- means of communication among the many health professionals who contribute to your care.
- legal document describing the care you received
- means by which you or a third-party payer can verify that you actually received the services billed for.
- a tool in a medical education.
- a source of information for public health officials charged with improving the health of the regions they serve.
- a tool to access the appropriateness and quality of care you received.
- a tool to improve the quality of healthcare and achieve better patient outcomes

Understanding what is in your health records and how your health information is used to helps you to:

- ensure its accuracy and completeness.
- understand who, what, where, why, and how others may access your health information.
- make informed decision about authorizing disclosure to others.
- better understand the health information rights detailed below.

Your Rights Under the Federal Privacy Standard

Although your health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained therein. You have the right to:

- request restriction on uses of disclosures of your health information for treatment, payment and health care operations. Health care operations consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under 164.502 (a)(2)(i) (disclosures to you), 164.510 (a) (for facility directories, but note that you have the right to object to uses), or 164.512 (uses and disclosures not requiring consent or an authorization). The latter uses and discloses include, for example, those required by state law, like mandatory communicable disease reporting. In those cases, you do not have a right to request restriction, we do not have to agree to the restriction. If we do, however, we will adhere to it unless you request other or we give you advance notice. You may also ask

us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request.

- receive and keep a copy of this notice of information practices. Although we have posted a copy in our office waiting room and supplied a copy during the registration process, you nonetheless have a right to a hard copy on request. The law requires us to ask you to acknowledge receipt of your copy or the opportunity to review it.
- inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

1. Psychotherapy notes. Some notes comprise those that are recorded on any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.

2. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.

3. Any of your health information that is subject to the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S. C. ' 263a, to the extent that the provision of access to the individual would be prohibited by law.

4. Information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, the provider may deny access but, if it does, the provider must provide you with a review of the decision denying access. These reviewable grounds for denial include:

1. When a licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.

2. When the PHI make reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in exercise of professional judgment, that the access is reasonably like to cause to substantial harm to such other person.

3. The request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

4. Request amendment/correction of your health information. We do not have to grant the

request if we did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If that party amends or corrects the record, we will put the corrected record in our records.

5. The records are not available to you as discussed immediately above. The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain to our complaint official or to the Department of Health and Human Services. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information. We do not need to provide an accounting for:

1. Disclosures to you.
2. Disclosures authorized by you.
3. Disclosures of limited data sets (partially de-identified research, public health, or health care operations).
4. The facility directory or to persons involved in your care or for other notifications purposes as provided in ' 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death).
5. National security or intelligence purposes under ' 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object).
6. To correctional institutions or law enforcement officials under 164.512 (k) (5) (disclosures not requiring consent, authorization, or an opportunity to object).
7. That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include:

1. Date of each disclosure.
2. Name and address of the organization or person who received the protected health.
3. Brief description of the information disclosed.
4. Brief statement of purpose of the disclosure that reasonably informs of the basis for the basis for the disclosure or, in lieu of such statement, a copy of the your written authorization, or a copy of the written request for disclosure.

The first account in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

Our Responsibilities Under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.

- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will mail a revised notice to the address you have supplied us at your request. We will not use or disclose your health information without your [consent or] authorization, except as described in this notice or otherwise required by law.

How to Get More Information or to Report a Problem

If you have any questions and/or would like additional information, you may contact the privacy office at (713) 799-2818.

Examples of Disclosures for Treatment, Payment, and Health Operations

Treatment: If you give us consent, we may use or disclose your health information for treatment.

Example: A physician, nurse, or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We will also provide your physician, other healthcare professional, or a subsequent healthcare provider with copies of your records to assist them in treating you once we are no longer treating you.

Payment: If you give us consent, we may disclose your health information for payment.

Example: We may send a bill to you or a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

Example: Members of the medical staff the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Uses and Disclosures Other than for Treatment, Payment, or Healthcare Operations

Business Associates: We provide some services through contracts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use this services, we may disclose our health information to the business associate so that they can perform the function(s) we have contracted we have contracted with them to do and bill your or your third-party payer for services rendered. To protect your health information, however, we require, the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Unless you object, health professionals, using their best judgment, may disclose to family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care, your location, and general condition.

Worker's Compensation: We may disclose health information to the extent authorized by and to the extent to comply with laws relating to workers compensation or other similar programs as established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information purposes as required by law or in response to a valid subpoena.

Health oversight agencies and public health authorities: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

The federal Department of Health and Human Services (DHHS): Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

Effective Date: 4/14/03

Houston Neuropsychology Group, PLLC