

www.northdallasprimarycaredoctors.com

# HIPAA: Notice of Privacy Practices Effective July 2, 2012

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

### **Uses and Disclosures**

- Treatment. Your health information may be used by staff members or disclosed to other health care professionals
  for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example,
  results of laboratory tests and procedures will be available in your medical record to all health professionals who
  may provide treatment.
- Payment. Your health information may be used to seek payment from your health plan, from other sources of
  coverage or from credit card companies that you may use to pay for services. For example, your health plan may
  request and receive information on dates of service, the services provided and the medical condition being treated.
- Health care operations. Your health information may be used as necessary to support the day-today activities and
  management of North Dallas Primary Care Doctors PLLC. For example, information on the services you received
  may be used to support budgeting and financial reporting and activities to evaluate and promote quality.
- Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations and to comply with government mandated reporting.
- Public health reporting. Your health information may be disclosed to public health agencies as required by law.
   For example, we are required to report certain communicable diseases to the state's public health department.
- Appointment reminders. Your health information will be used by our staff to remind you of future appointments.
- Information about treatments. Your health information may be used to send you information the treatment and
  management of your medical condition. We may also send you information describing other health-related products
  and services.
- Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

## **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information;
- the right to receive confidential communications concerning your medical condition and treatment;
- the right to inspect and copy your protected health information;
- the right to amend or submit corrections to your protected health information;
- the right to receive an accounting of how and to whom your protected health information has been disclosed; and
- the right to receive a printed copy of this notice.

## **North Dallas Primary Care Doctors Duties**

It is our duty to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We must also abide by the privacy policies and practices outlined in this notice.

#### **Right to Revise Privacy Practices**

We reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information within our practice. Requests to Inspect Protected Health Information As permitted by federal regulation, your request to inspect or copy your protected health information must be submitted in writing. You may obtain a form to request access to your records by contacting the Office Manager or the Privacy Officer. Your request will be reviewed and will usually be approved unless there are legal or medical reasons to deny the request.

## Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer North Dallas Primary Care Doctors 7589 Preston Road, Suite 600 Frisco, TX 75034

If you believe your privacy rights have been violated, you should bring the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.



Please read the following statements carefully:

Purpose of this form: HIPAA regulations require that every patient at NDPCD have a completed and signed Acknowledgment in the patient chart. This form acknowledges you have been given the opportunity to read our Notice of Privacy Practices. This form must be completed only once while you are a patient at North Dallas Primary Care Doctors.

**Notice of Privacy Practice:** You may read our Notice of Privacy Practices before you sign this form. Our Notice provides a description of our treatment, payment activities and healthcare operations; of the uses and disclosures we may make of your protected health information; and of other important matters about your protected health information. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting our Privacy Officer at (214)-705-3728. Please sign your acknowledgment.

ignature:	Date:	
f this acknowledgment form is signed l	by a parent or patient representative, please c	omplete the following:
lame of Parent or Representative:		
Relationship to Patient:		
Patient Preferences Reg	arding Communication of PHI (Patient He	ealth Information)
required by law to maintain the priv notice of our legal duties and privace Health Insurance Portability and Ac	ts (other than patient or Legal guardian) to d	and to provide you with s of compliance with the
1. Contact Name	Relationship to Patient	Phone number
☐Billing Account Information	☐ Medical Condition information	☐ Emergency
2. Contact Name	Relationship to Patient	Phone number
☐Billing Account Information	☐ Medical Condition information	☐ Emergency
	indefinite unless otherwise revoked in writing persons not listed on this form will require in information.	
Signature of Patient, Parent, or Leg	al Guardian Date	