

HIPAA NOTICE OF PRIVACY PRACTICES **GRAPEVINE INTERNAL MEDICINE CENTRE**

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

PLEASE REVIEW IT CAREFULLY.

Grapevine Internal Medicine Centre is committed to protecting the privacy of information we gather about you while providing health-related services. We are required by law to protect the privacy of health information that may reveal your identity and to provide you with a printed copy of this Notice that describes our privacy practices. This notice is effective June 17, 2020 and applies to all protected health information as defined by federal regulations.

If you have any questions about this Notice, or if you feel your privacy rights have been violated, please contact our Privacy Officer/Office Manager at 1-817-481-8661 or via email at Janr@gvimc.com. You may also file a complaint with the Office of Civil Rights, Secretary of the Department of Health and Human Services. If you should have any other questions or concerns, please see the following address, 1604 Lancaster Dr., Grapevine, TX 76051. *No one will retaliate or act against you for filing a complaint.*

WHO WILL FOLLOW THIS NOTICE?

The privacy practices described in this notice will be followed by:

- All health care professionals, employees, medical staff, trainees, students or volunteers that are involved in your care or entities that are part of an organized health care arrangement with Grapevine Internal Medicine Centre;
- Any Grapevine Internal Medicine Centre Business Associates (described below).

REQUIREMENT FOR WRITTEN AUTHORIZATION

We will generally obtain your written authorization before using your health information or sharing it with others outside this Office. You may also initiate the transfer of your records to another person by completing a written authorization form with our Medical Records staff. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment: We may share your health information with doctors, nurses, other health care providers and personnel at this office who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. Your doctor may share your health information with another medical provider to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

Payment: We may use or disclose your health information so that we may obtain payment for your health care services. We may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether your treatment is covered. We might also need to inform your health insurance company about your health condition in order to obtain prior authorization for your treatment. We may share your information with other health care providers and payors for their payment activities.

Health Care Operations: We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to operate and manage our practice and to promote quality care. For example, we may need to use or disclose your medical information in order to assess the quality of care you receive or to conduct certain cost management, business management, administrative, or quality improvement activities or to provide information to our insurance carriers.

Appointment Reminders, Treatment Alternatives, Benefits and Services: While providing treatment to you, we may use your health information to contact you (including, for example, reminders sent by mail, or, a phone call with a brief message left on your answering machine.) with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may interest you.

Business Associates: There are some services (such as billing services, legal services, answering services, and computer software/hardware providers) that might be provided to or on behalf of our Practice through contracts with business associates. When these services are contracted, we may disclose your medical information to our business associate so that they can perform the job we have asked them to do. To protect your medical information, however we require the business associate to appropriately safeguard your information.

Family and Friends Involved in Your Care:

If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care, but we will do so only as allowed by state or federal law (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization.

PUBLIC NEED AS REQUIRED BY LAW: We may use or disclose your health information, without your written authorization, to the types of entities described below. We will notify you of these uses and disclosures if notice is required by law.

- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability activities.
- Victims of Abuse, Neglect or Domestic Violence.
- Health Oversight Activities.
- Food and Drug Administration for Product Monitoring, Repair and Recall.
- To avert a serious and imminent threat to health or safety.
- National Security and Intelligence Activities or Protective Services for the President or Others.
- Military Authorities and Veterans.
- Inmates and Correctional Institutions.
- Workers' Compensation.
- Coroners, Medical Examiners and Funeral Directors.
- Organ and Tissue Donation.

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Law Enforcement/ Legal Proceedings: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.

Research: In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. Under some circumstances, we may use and disclose your health information without your written authorization if we obtain approval through a special process to ensure that there is minimal risk to your privacy. Under no circumstances would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

INCIDENTAL DISCLOSURES: While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights to access and control your health information. These rights will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

To access any of these rights, please submit your request in writing to this Office, attention Medical Records.

RIGHT TO INSPECT AND COPY RECORDS: You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you and your treatment for as long as we maintain records of this information. This includes medical and billing records but does not include psychotherapy notes. We will respond to your request for inspection of records and copies in a reasonable time frame defined by law. If we need additional time to respond to a request for copies, we will notify you in writing to explain the reason for the delay and when you can expect to have a final answer to your request. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information and will provide you with a summary of the information instead, a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. If we have reason to deny only part of our request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

RIGHT TO AMEND RECORDS: If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. Your written request should include the reasons why you think we should make the amendment. We will respond to your request in a reasonable time frame defined by law or we will notify you in writing to explain the reason for the delay and when you can expect to have a final answer to your request. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice. There is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where your authorization is not required. Your

written request must state a time period for the disclosures you want us to include.

RIGHT TO REQUEST ADDITIONAL PRIVACY PROTECTIONS: You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. Your written request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply. We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION: You have the right to request that we communicate with you about your medical matters in a more confidential way by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your written request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.