



NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice, please contact:

Pediatric Cardiology Care at 281-648-3000

WHO WILL FOLLOW THIS NOTICE?

Pediatric Cardiology Care, which includes its professional staff and employees, follow the privacy practices described in this Notice.

We understand that medical information about you and your health is personal and we are committed to protecting this information. When you receive care at Pediatric Cardiology Care, a record of the care and services you receive is made. Typically, this record contains your treatment plan, history and physical, test results, and billing records. This record serves as a:

- Basis for planning your treatment and services;
- Means of communication among the physicians and other health care providers involved in your care;
- Means by which you or a third party payor can verify that services billed were actually provided;
- Source of information for public health officials; and
- Tool for assessing and continually working to improve the care rendered.

This Notice tells you the ways we may use and share your Protected Health Information (referred to herein as “medical information”). It also describes your rights and our obligations regarding the use and disclosure of medical information.

OUR RESPONSIBILITIES.

Pediatric Cardiology Care will:

- Make every effort to maintain the privacy of your medical information;
- Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we are unable to agree to a requested restriction;

Effective June 1, 2015

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and
- Promptly notify you if a breach occurs that may have compromised the privacy or security of your medical information.

THE METHODS IN WHICH WE MAY USE AND SHARE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways we may use and share your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

- **For Treatment.** We can use and share your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.
- **For Payment.** We can use and share your medical information so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to share your medical information with a health plan in order for the health plan to pay for the services rendered to you.
- **For Health Care Operations.** We can use and share your medical information for office operations. These uses are necessary to run Pediatric Cardiology Care in an efficient manner and to ensure that all patients receive quality care. For example, your medical records and health information may be shared in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records are audited for timely documentation and correct billing.
- **Appointment Reminders.** We can use and share your medical information in order to remind you of an appointment. For example, Pediatric Cardiology Care may provide a written or telephone reminder that your next appointment with Pediatric Cardiology Care is coming up.
- **Research.** Under certain circumstances, we can use and share your medical information for research purposes. We can share your medical information for these activities in a limited data set, which excludes some identifying information.
- **As Required by Law.** We can use and share your medical information when required to do so by federal or Texas laws or regulations.
- **To Avert a Serious Threat to Health or Safety.** We can use and share your medical information with medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- **Sale of Practice.** We can use and share your medical information with another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

SPECIAL SITUATIONS.

- **Organ and Tissue Donation.** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.

- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Qualified Personnel.** We may share medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.
- **Public Health Risks.** We may share medical information about you for public health activities. These activities generally include the following activities:
 - To prevent or control disease, injury, or disability;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

- **Health Oversight Activities.** We may share medical information with a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
- **Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we may share medical information about you in response to a court or administrative order, or in response to a subpoena.
- **Law Enforcement.** We may share medical information if asked to do so by a law enforcement official, in response to a court order or subpoena or if Pediatric Cardiology Care determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
- **Coroners, Medical Examiners and Funeral Directors.** We may share medical information with a coroner or medical examiner when authorized by law (*e.g.*, to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.
- **Inmates.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.

- **Other Uses or Disclosures.** Any other use or disclosure of medical information will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.
- **Business Associates.** We may share your medical information with our business associates for any of the purposes listed above.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information collected and maintained about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Pediatric Cardiology Care. If you request a copy of the information, Pediatric Cardiology Care may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records.

Pediatric Cardiology Care may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Pediatric Cardiology Care will review your request and denial. The person conducting the review will not be the person who denied your request. Pediatric Cardiology Care will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask Pediatric Cardiology Care to amend the information. You have the right to request an amendment for as long as the information is kept by Pediatric Cardiology Care.

To request an amendment, your request must be made in writing and submitted to Pediatric Cardiology Care. In addition, you must provide a reason that supports your request.

Pediatric Cardiology Care may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Pediatric Cardiology Care may deny your request if you ask us to amend information that:

- Was not created by Pediatric Cardiology Care, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by Pediatric Cardiology Care;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list you must submit your request in writing to Pediatric Cardiology Care. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you

may be charged for the cost of providing the list. Pediatric Cardiology Care will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information Pediatric Cardiology Care uses or shares about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information Pediatric Cardiology Care shares about you to someone who is involved in your care or the payment for your care.

Pediatric Cardiology Care is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which Pediatric Cardiology Care has been paid out of pocket in full. Should Pediatric Cardiology Care agree to your request, Pediatric Cardiology Care will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request in writing to Pediatric Cardiology Care. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit Pediatric Cardiology Care's use and/or disclosure; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that Pediatric Cardiology Care communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that Pediatric Cardiology Care contact you only at work or by mail.

To request that Pediatric Cardiology Care communicate in a certain manner, you must make your request in writing to Pediatric Cardiology Care. You do not have to state a reason for your request. Pediatric Cardiology Care will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE.

We reserve the right to change our practices and to make the new provisions effective for all medical information we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting Pediatric Cardiology Care.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with Pediatric Cardiology Care by calling 281-648-3000. You can also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201. ***You will not be penalized or retaliated against in any way for filing a complaint.*** We will not require you to waive your right to file a complaint as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.