



NOTICE OF PRIVACY PRACTICES

JVC Family Medicine, P.A.
17376 NW Freeway
Houston, TX 77040
713.466.0197

PLEASE REVIEW THIS NOTICE CAREFULLY

If you have questions regarding this notice, please contact the office administrator.

This notice describes information practices for employee and business contacts of JVC Family Medicine. It also pertains to any students, osteopathic physician assistants, nursing, medical assistants, or any other student training or shadowing at any of our offices, billing facilities, or laboratory. All of these individuals will be required to follow the terms of this notice. These entities will share medical and other information with each other, and with outside agencies, for treatment, payment or as needed to perform these operations.

We at JVC Family Medicine realize that the information that is gathered about you and your family during an encounter with one of our staff is provided in confidence, and we are committed to keeping that confidence. This notice applies to any information we have about you regardless of how it is stored or from whom it is received. If you see other medical personnel or use hospitals they may have other practices or policies about how your protected information is handled.

This notice will tell you about the ways JVC Family Medicine may use and disclose medical information about you. It will tell you about your rights and some requirements that we have regarding the use and disclosure of this information. We are required by law to provide you with this notice of our policies regarding your identifiable health information.

You DO NOT have to agree with the practices and may request limitations on the use and disclosure of your medical information. We are required by law to make sure that any medical information that identifies you is kept private, to provide you with this notice about our privacy practices, and to abide by the terms of the agreement that is currently in effect.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:

There are several ways in which your information is used. This section will tell you what they are and give some examples of each. There will be other ways in which your information is used and these examples are not meant to restrict how your information is used and not all information will be used for every purpose.

RIGHT TO ACCOUNTING OF DISCLOSURES: You have the right to request a list of the disclosures of your medical record that we have made. An 'accounting disclosure' is a list of non-routine disclosures our practice has made of your individually identifiable health information for non-treatment or operations purposes. The routine use and disclosures permitted by the Health Information Portability and Accountability Act is not required to be documented. For example, a provider discussing your case with a nurse or the billing office submitting a claim is not required to be documented. This list will include only disclosures that we have made in writing, and specifically will not include made in conversations regarding your treatment, payment, or other health care operations.

To request this accounting you must submit your request, in writing, to the administrator of the office in which your records are maintained. Your request must state a time period for accounting that may not be longer than six years not including dates before January 1, 2008. The first list you request within a 12 month period will be free. There may be a charge for any other requested lists within 12 months.

RIGHTS TO REQUEST RESTRICTIONS: You have the right to request restrictions on the information that we disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclosed about you to someone involved in your case or the payment for your care. For example, you could request that we not use or disclose information regarding a treatment or surgery that you had.

To request restrictions on use of your information, you must make request in writing to the administrator of the office where you are being treated. In your request you must tell us: A) What information you want to limit; B) Whether you want to limit our use, disclosure, or both; and C) To whom you want the limitations to apply, for example, disclosures to your spouse or children. We reserve the right to review the request for up to 30 (thirty) days before making a decision. **We are not required to agree to your request.** If we do agree however we will comply with your request unless the information is required to treat you in an emergency.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION: You have the right to request that we communicate with you about medical matters in a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the administrator where you are being treated. You are not required to tell us the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you want to be contacted.

RIGHTS TO REQUEST A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. A copy of this notice is also posted in the JVC Family Medicine waiting room. To obtain a paper copy of this notice make your request at the front desk and it will be provided to you free of charge.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We will release information about you to authorized federal officials so that they may provide protections to the President of the United States, other authorized individuals, or foreign heads of state. We also may provide information about you to assist in carrying out an investigation.

INMATES: If you are an inmate of a correctional facility we will release information about you to the correctional institution or law enforcement official.

WORKER'S COMPENSATION: Our practice may release your individually identifiable health information for worker's compensation or other similar programs.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

RIGHT TO INSPECT AND COPY: You have the right to review and copy the information that we have used to make medical decisions about your care. This means that we will give you access to medical and billing information, but does not necessarily access you to any psychotherapy notes we may possess. We reserve the right to have a staff member with you during your review. To inspect and/or obtain a copy of the information in our records, you must submit your request in writing to the manager of the office in which your records are maintained (30) days in advance. We will charge you a fee for the costs of copying, mailing and other supplies involved in the request.

In certain circumstances we may deny your request to inspect and copy information from your records. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by JVC Family Medicine will review the denial. This will not be the individual who initially denied your request. JVC Family Medicine will abide by the decision of the reviewer.

RIGHT TO AMEND: you may ask to add an amendment to the information we maintain about you if you feel that the record is incorrect or incomplete. To request an amendment, your request must be submitted in writing to the manager of the office in which your records are maintained. You must include a reason that supports your request. The request will be reviewed and a decision made within 30 days and you will be notified of the decision.

We may deny your request for an amendment if it is not in writing or does not include a reason that supports the request. We also may deny your request if you ask us to amend information that was not created by us, if the information is not part of a record that you would usually be permitted to inspect, or we believe that the record is accurate and complete.

WORKERS COMPENSATION: We may release information about you for workers' compensation or similar programs that provide benefits for work related injuries or illness.

PUBLIC HEALTH RISKS: We may disclose information about you for public health activities.

- To identify suspects, witnesses, or missing persons
- About the victim of a crime
- About deaths we believe may be the result of criminal activity
- About criminal conduct at any of our offices
- In an emergency to report a crime, crime victim or the individual who committed a crime
- In response to a warrant, summons, court order, subpoena, or similar legal process

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may release information to those individuals, for example, to help with identification, determination of death causes, or to help them perform the duties of their jobs.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: If necessary, we will release information about you to federal officials for intelligence, or national security activities authorized by law.

FOR TREATMENT: This is generally the reason you made your appointment with this office. We will use information that we gather to provide you with medical treatment and services. We will gather information regarding the nature of your visit when you call to make your appointment then ask for more information as you are preparing to see our Doctors, Nurse Practitioners, or Physician Assistants. The provider will gather more information during your encounter and may discuss this information with a staff member to determine the correct course of treatment for you. For example, if you call with a laceration the operator may ask information regarding the severity and location of the injury. The office staff may ask you about your immunization status or other illnesses that can affect your ability to heal or put you at risk for infection. You may have an x-ray to determine if there is any foreign material in the wound. The provider will ask you about how the injury occurred and other information about the injury to determine if there may be other damage not immediately visible. If this injury occurred at work we will share information with your employer.

FOR PAYMENT: We may use and disclose medical information about you so that we can receive payment for treatment and services we provide you. If you ask us to bill your insurance we will need to

identify you and the services provided to do that. We may need to give your health plan information about you and your medical status to receive preauthorization for services planned.

FOR HEALTH CARE OPERATIONS: We may use and disclose information about you for practice operations. The use of this information helps us remain efficient and provide quality care. Information regarding your illnesses may be used to assure our patients are receiving up to date care in line with guidelines from health plans or national organizations. Information may also be used to evaluate our staff's performance.

APPOINTMENT REMINDERS: We may use and disclose information to remind you about upcoming appointments for treatment or services at one of our offices.

TREATMENT ALTERNATIVES: We may use and disclose information to tell you about alternative treatments available to you.

INDIVIDUALS INVOLVED IN YOUR CARE: We may release information about you to family members involved in caring for you, or, in the event of a disaster, relief agencies providing services to you.

AS REQUIRED BY LAW: We will disclose information about you when required to do so by federal, state, or local law.

TO AVOID SERIOUS THREAT TO HEALTH & SAFETY: We may use and disclose information about you when necessary to prevent a serious threat to you or the health and safety of the public.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information that we may gather in the future. We will post a copy of this notice in each practice site and in our billing office. The notice will contain an effective date on the first page.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with this practice by contacting the office administrator or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to 'take back' any disclosures that we have already made with your permission and that we are required to keep any records of the care that we provide to you.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our office administrator at 713.466.0197

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