

## **HIPAA Privacy Notice and Patient Notices**

### **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.**

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

This notice describes our privacy practices. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request paper copy of this notice, or any revised notice, at anytime (even if you have allowed us to communicate with you electronically). For more information about this notice or our privacy practices and policies, please contact the person listed at the end of this document.

### **A. Treatment, Payment, Health Care Operations**

#### **Treatment**

We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this practice is a specialist. When we provide treatment we may request that your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

#### **Payment**

We are permitted to use and disclose your medical information to bill and collect payment for the services we provide you. For example, we may complete a claim form to obtain payment from your insurer or HMO. That form will contain medical information, such as a description of the medical services provided to you, that your insurer or HMO needs to approve payment to us. You have the right to restrict disclosures for services you pay for out-of-pocket.

#### **Health Care Operations**

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files we maintain our compliance with regulations and the law

### **B. Disclosures That Can Be Made Without Your Authorization**

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you chose to sign an authorization to disclose information, you later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on that authorization.

#### **Public Health, Abuse or Neglect, and Health Oversight**

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problem with products, or to notify people of recalls of products they may be using.

Because Texas Law requires physicians to report child abuse or neglect, we may disclose medical information to public agency authorized to receive reports of child abuse or neglect. Texas law also requires a person having cause to believe that an elderly or disable person is in state of abuse, neglect or exploitation to report the information to the state, and HIPAA privacy regulations permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

We have the right to communicate in emails to our vendors about your account and best efforts are made to keep PHI confidential. An example of this communication is an issue of patient demographics software and medical record software not communication appropriately.

### **Legal Proceeding and Law Enforcement**

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by law enforcement official, we may disclose your medical information under limited circumstances provided:

- The information is released pursuant to legal process, such as a warrant or subpoena;
- The information pertains to a victim of crime and you are incapacitated;
- The information pertains to a person who has died under circumstances that may be related to criminal conduct;
- The information is about a victim of crime and we are unable to obtain the person's agreement;
- The information is released because of a crime that has occurred on these premises;
- The information is released to locate a fugitive, missing person, or suspect.

We also may release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

### **Workers' Compensation**

We may disclose your medical information as required by workers' compensation law.

### **Inmates**

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

### **Military, National Security and Intelligence Activities, Protection of the President**

We may disclose your medical information to specialized governmental functions such as separation or discharge from the military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

### **Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors**

When a research project and its privacy protections laws have been approved by an institutional review board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased person or a cause of death. Further, we may release your medical information to a funeral director when such a disclosure is necessary for the director to carry out his duties.

## **Required By Law**

We may disclose your medical information when the disclosure is required by law.



## **C. Your Rights Under Federal Law**

The U. S. Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPAA rights.

### **Requested Restrictions**

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or health care operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances. You may request that we restrict disclosures for services that you pay for out of pocket. You may also request that we limit disclosure to family members, other relatives, or close personal friends who may or may not be involved in your care.

To request a restriction, submit the following in writing: (a) the information to be restricted, (b) what kind of restriction you are requesting (i.e., on the use of information, disclosure of information, or both), and (c) to whom the limits apply. Please send the request to the address and person listed at the end of this document.

### **Receiving Confidential Communications by Alternate Means**

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/ address information.

### **Inspection and Copies of Protected Health Information**

You may inspect and/ or copy health information that is within the designated record set, which is information that may be used to make decision about your care. Texas law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed at the end of this document.

We may ask that a narrative of that information be provided rather than copies. However, if you do not agree to our request, we will provide copies.

We can refuse to provide some of the information you ask to inspect or ask to be copied for the following reasons:

- The information is psychotherapy notes
- The information reveals the identity of a person who provided information under a promise of confidentiality
- The information is subject to the Clinical Laboratory Improvements Amendments of 1988
- The information has been compiled in anticipation of litigation

We can refuse to provide access to or copies of some information for other reasons, provided that we arrange for a review of our decision on your request. Any such review will be made by another licensed health care provider who was not involved in the prior decision to deny access.

Texas law requires us to be ready to provide copies or a narrative within 15 days of your request. We will inform you when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost-based fee.

### **Amendment of Medical Information**

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed at the end of this document. We will respond within 60 days of your request. We may refuse to allow an amendment for the following reasons:

- The information wasn't created by this practice or the physicians in this practice
- The information is not part of the designated record set
- The information is not available for inspection because of an appropriate denial
- The information is accurate and complete.

Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment, we will inform you in writing.

If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know have the incorrect information.

### **Accounting of Certain Disclosures**

HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person at the end of this document. Your first accounting of disclosures (within a 12-month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request before any costs are incurred.

### **D. Appointment Reminders, Treatment Alternatives, and Other Benefits**

We may contact you by (telephone, mail, or both) to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

### **E. Complaints**

If you are concerned that your privacy rights have been violated, you may contact the privacy officer of our practice listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government.

### **F. Our Promise To You**

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). Your PHI includes any individually identifiable information held by our practice – medical information, billing information, etc.

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect. You are entitled to receive a paper copy of our Notice of Privacy Practices.

### **G. Questions and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Sangita Lakhia  
12309 N. Mopac Expressway, Ste 100 Austin, TX 78758  
(512) 339-4040

This notice is effective April 11, 2003 (updated 05/19/15)

## OTHER PATIENT NOTICES:



### Laboratory Notice:

All lab work drawn at this facility is sent to Clinical Pathology Laboratories (CPL), unless otherwise specified by the patient. If the patient's insurance specifies a lab work be sent to a laboratory other than CPL, the patient must notify the nurse at the time of service.

### DISCLOSURE OF PHYSICIAN OWNERSHIP

Please carefully review the information contained in this notice and feel free to ask any questions you may have about the information.

1. Christopher Thompson, MD has ownership interest in Texan Allergy, PLLC.
2. Zachary Wassmuth, MD and Christopher Thompson, MD have ownership interest in The Hospital at Westlake.
3. You have the right to choose the provider of your health care services. Therefore, you have the option to use a health facility other than Texan Allergy and The Hospital at Westlake. You may also choose to have CT scans done at a location other than Capital Otolaryngology. You may ask the front desk for a list of alternate imaging suppliers in our area if you choose.
4. The physicians here will not treat you differently if you choose to obtain health care services at a facility other than those listed above.
5. LAKEWAY OFFICE ONLY – Audiology services provided at the Lakeway office will be billed by AHL Audiology, LLC or LG Audiological Enterprises, LLC, not by Capital Otolaryngology/.

If you have any questions concerning this notice or anything in it, please feel to ask your physician or any representative here.

### Complaints

**Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, may be reported for investigation at the following address:**

**Texas Medical Board  
Attn: Investigations  
333 Guadalupe, Tower 3, Suite 610  
P.O. Box 2018, MC- 263  
Austin, TX 78768-2018**

Assistance in Filing a complaint is available by calling 1-800-201-9353. For more information, visit the TMB website at [www.tmb.state.tx.us](http://www.tmb.state.tx.us)