

## **KINGWOOD FAMILY PRACTICE**

1850 W. LAKE HOUSTON PARKWAY, SUITE 190

KINGWOOD, TEXAS 77345

(281)-361-2902

### **NOTICE OF PRIVACY PRACTICES**

This Notice describes how medical information about you can be used and disclosed in our practice and how you can access this information.

### **PLEASE READ CAREFULLY**

#### **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

We may use and disclose personal and identifiable health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure will be listed.

#### **TREATMENT**

We will use your health information to treat you. We may ask you to have laboratory tests, diagnostic tests in order to reach a diagnosis. Prescriptions may be written for you. Your protected health information (PHI) may be disclosed to others who may assist in your care. Those include other health care providers, pharmacies, your spouse, children or parents.

#### **PAYMENT**

Our practice may use and disclose your PHI to bill and collect payment for services rendered to you. Collection may be from you, your insurance company, or from other sources that you may use to pay for services. For example, we may need to give your payer information regarding treatment and medical condition so that we can receive payment. We will also disclose information to other health care providers and entities to assist in their billing and collecting efforts.

#### **APPOINTMENT REMINDERS**

We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

#### **HEALTH CARE OPERATIONS**

We may use and disclose your health information for the general operation of our business. Our practice may use your information to evaluate the quality of care you have received to help improve our services.

#### **PUBLIC POLICY USES AND DISCLOSURES**

Our practice will disclose your health information when we are required to do so by federal, state, or local law. We are required to give your health information in certain special circumstances:

1. Public health risk
2. Health oversight activities, for example, investigations, inspections, audits, surveys or government programs
3. Lawsuits and similar proceedings
4. Law enforcements

5. Serious threats to health and safety
6. Military and national security
7. Worker's Compensation

## **INDIVIDUAL RIGHTS**

You have the right to ask for restrictions on the way in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communication containing your PHI from you by alternative means or at alternative locations. For example, you may ask that we only contact you at home, work, or by mail. A written request must be submitted to Kingwood Family Practice specifying your requested method of contact or location where you wish to be contacted.

You have the right to inspect and obtain a copy of your medical and billing records, but not psychotherapy notes. In order to obtain copies, you must submit a written request to our practice. We may charge a fee to cover the cost of copying, mailing, labor and supplies associated with your request. Our practice may deny your request in limited circumstances. However, you may request a review of our denial.

If you believe that information in your records is incorrect or incomplete, you have the right to ask is to correct the existing or missing information. Under the circumstances, we may deny your request.

You have the right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services rendered, or disclosures you give us authorization to make. A written request for the accounting or disclosures is required and must include a date range. The date range may not be longer than six (6) years from the date of disclosure. The first request within a 12 month period is free of charge, but our practice may charge for additional lists within the same 12-month period. We will notify you of any costs involved prior to billing to allow the withdrawal of your request.

You have the right to a copy of this Notice in paper form and may ask for a copy at any time.

To exercise any of your rights, please contact us in writing at:

Kingwood Family Practice

1850 W Lake Houston Pkwy, Ste 190 Kingwood, TX 77345

## **COMPLAINTS/COMMENTS**

If you have a comment or complaint regarding our Privacy Policy, or if you believe your privacy rights have been violated, you should contact the office manager at Kingwood Family Practice, (281)-361-2902

You may also contact in writing:

Secretary of the Department of Health and Human Services

200 Independence Avenue, S.W., Room 509, HHS Building

Washington, DC 20201

## **CHANGES TO THIS NOTICE**

We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised Notice effective for personal health information we have about you as well as any information we receive in the future. In the even there is material change to this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.