



## **HIPAA 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 read carefully.

This practice uses and discloses health information about you for treatment, for payment of treatment, for administrative purposes, and for evaluation of quality of care you receive. This notice describes our private privacy practices. You can request a copy of this notice at any time.

### **Treatment:**

We are permitted to use and disclose your medical information to those involved in your treatment. For example, your care may require the involvement of a specialist. When we refer you to a specialist, we will share some or all of your medical information with that position to facilitate the delivery of health care.

### **Payment:**

We are permitted to use and disclose your medical information to bill and collect payment for treatment. We may complete a claim form to obtain payment from your insurer. The form will contain medical information, such as your diagnosis and services provided to you that your insurer needs to approve payment to us.

### **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 the quality of care. For example, we may ask another physician to review this practice's chart and medical records to evaluate our performance, so that we can improve our quality of care.

### **Disclosures That Can Be Made Without Your Authorization:**

There are situations in which we are permitted by law 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 your identifiable health information. If you choose to sign an authorization to disclose information, you can 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 taken in reliance 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 birth or 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, problems with products, or to notify people of recalls of products they may be using. We may also disclose medical information to a public agency authorized to receive reports of a child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also 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 undertaken to monitor health care and compliance with other laws, such as civil right laws.

### **Legal Proceedings 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 other appropriate legal process if certain requirements are met. If asked by a 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; pertains to a victim of a crime and if you are incapacitated; pertains to a person who has died under circumstances that may be related to criminal conduct; is about a victim of a crime and we are unable to obtain the person's agreement; is released because of crime that has occurred on these premises; or is released to locate a fugitive, missing persons, or suspect. We may release information if we believe it will prevent a threat or the health or safety of a person.

### **Workers Compensation:**

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

### **Inmates:**

If you are an inmate or under custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. The 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 the safety and security of the institution.

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

We may disclose your medical information for specialized governmental functions such as separation or discharge from military services. Request as necessary by appropriate military command officers (if you are in the military), authorized National Security and Intelligence activities, as well as authorize activities for their provision of protective services for the President of the United States, or 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 have been approved by an institutional review board or privacy board, we may release medical information to researcher for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organs, eye, or tissue donation if you are a doctor. Also, we may release your medical information to a Coroner or Medical Examiner to identify a disease or cause of death. We may release your medical information to a Funeral Director where such a disclosure is necessary for the director to carry out his / her duties.

### **Required by law:**

We may release your medical information where the disclosure is required by law.

### **Sale of Practice:**

We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

## **You're right under Federal Privacy Regulations:**

The US department of Health & Human Services created regulations intended to protect privileges that patients may exercise. We will not retaliate against a patient exercising those 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 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. To request a restriction, submit the request in writing: (a) the information to be restricted (b) what kind of restriction you are requesting for example- on the use of information, disclosure of information or both), and (c) to whom the limits apply. Please send a request to the Privacy Officer. You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be allowed in your care.

## **Receiving Confidential Communications By Alternative Means:**

You may request that we send communications of protected health information by alternative means or to an alternate location. This request must be made in writing to the Privacy Officer. We are required to accommodate only reasonable requests. Please specify in the 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 is used to make decisions 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 requests to the Privacy Officer. We can refuse to provide some of the information you ask to inspect or ask to be copied if the information includes psychotherapy notes, includes the identity of a person who provided information if it was obtained under a promise of confidentiality, is subject to the Clinical Laboratory Improvements Amendments of 1988, or compiled in anticipation of litigation. We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was both involved in the prior decision to deny access will make such review. Texas law requires that we are ready to provide copies or a narrative within 30 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. The Texas state Board of Medical examiners has set limits on fees for copies of medical records that under circumstances may be lower than the charges provided by HIPAA. In any event, you will be charged the lower of the two fees.

## **Amendment of Medical information:**

You may request an amendment of your medical information in the designated record set. Any such requests must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment if the information (a ) wasn't created by the practice, (b) is not a part of the designated report said, (c) is not available for inspection because of an appropriate denial, or (d) if the information isn't accurate or complete. Even if we refuse to allow an amendment you are permitted to include a patient statement about the information issue in your medical record. Even 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 we tell others that we now have the correct information.

### **Accounting of Certain Disclosures:**

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

### **Appointment Reminders, Treatment Alternatives, and other Health-Related 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.

### **Complaints:**

If you are concerned that your policy rights have been violated, you may contact the privacy officer. You may also send a written complaint to the U.S. Department of Health & Human Services. We will not retaliate against you for filling a complaint with the government or us. The contact information for the U.S. Department of Health and Human Resources is: U.S. Department of Health & Human Services, HIPAA complaints, 7500 Security Boulevard, C5-24-04, Baltimore, MD 21244.

### **Our Promise To You:**

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.

### **Questions and Contact Person For Request:**

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

Privacy Officer: **Amy J Howard, M.D.**

Address: **VIVA Pediatrics, PA**  
**7430 Barlite Blvd, Suite104**  
**San Antonio, Texas 78224**

Phone Number: **210-977-9080**

This notice is effective on the following date 08/27/2019. 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.