

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 THIS DOCUMENT CAREFULLY. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER.

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

We may use and disclose health information that identifies you only for each of the following purposes:

Treatment, payment, and health care operations. Except for the following purposes, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

- Treatment means providing, coordination, or managing health care and related services by one or more health care providers. An example of this would include a history and physical examination.
- Payment means activities pertaining to reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your treatment to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conduction quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. For example a quality assessment review to make sure the obstetrical or gynecological care you receive is of the highest quality.

YOUR RIGHTS

You have the following rights regarding your protected health information, which you can exercise by presenting a written request to our Privacy Officer:

- Right to inspect and copy your protected health information
- Right to amend your protected health information
- Right to receive an accounting of disclosures of your protected health information
- Right to request restrictions on certain uses and disclosures of protected health information. We are however, not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- Right to request confidential communication from us by alternative means or at alternate locations
- Right to receive a paper copy of this notice upon request

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right - hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office manager or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint. To make a request or file a complaint with our office contact:

Diana Holmgren, Clinic Director for Total Family Care

12350 Westheimer Road Suite G, Houston, TX 77077

281.496.1199 extension 104