

## Notice of Privacy Practices as Required by Federal Law

### **Purpose**

Houston Area Pediatric Neurology (“HAPN”) and its staff follow the privacy practices described in this Notice. This Notice, in compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), describes the general ways your protected health information (“PHI”) may be used and disclosed in order for HAPN to provide you with medical treatment and to collect payment for the services rendered to you by HAPN. PHI, as defined by HIPAA, means your personal health information which is found in your medical and billing records and which relates to your past, present, or future physical or mental health conditions or the provision of payment for services related to those health conditions. During the course of treatment, payment and health care operations activities, this may include information created or received by health care providers, insurance companies, and/or your insured’s employer.

### **Your Health Information Rights**

You have the following rights regarding your PHI. To exercise any of the following rights, you must submit a written request Inspect and copy. You may inspect and/or receive a copy of your PHI maintained by HAPN. HAPN may charge you a reasonable fee for printing your information, in accordance with Texas Law.

Request amendment. If you believe your PHI maintained by HAPN is incorrect or incomplete, you may request an amendment to your information. HAPN is not required to agree to your request.

Request restriction. You may request limitations on how HAPN uses and/or discloses your PHI. HAPN is not required to agree to your request. If HAPN agrees to your request, HAPN will comply with your request unless the use or disclosure is necessary in order to provide you with emergency treatment or is otherwise required by law.

Receive confidential communications. You may request communications from HAPN regarding your PHI be provided to you in a certain way or at a certain location. For example, you may prefer to receive mail regarding your PHI at an address other than your usual mailing address. You must specify how or where you wish to be contacted; otherwise any available phone or address provided by you will be utilized.

Accounting of disclosures. You may request a list of disclosures made by HAPN of your PHI to persons or entities other than for the purposes of treatment, payment or health care operations, or pursuant to your specific authorization

### **HAPN Responsibilities**

HAPN is required by law to ensure your PHI is kept private in accordance with federal and state law and provide you with notice of HAPN’s legal duties and privacy practices with respect to your PHI. HAPN is required to abide by the terms of this notice as long as it is in effect. If HAPN revises this Notice, HAPN will follow the terms of the revised Notice as long as it is in effect.

### **Use and Disclosure of Your Protected Health Information**

The following is a list of ways HAPN may use and disclose your PHI. Not every possible use or disclosure in any given section is listed. However, all of the ways HAPN is permitted to use and disclose your PHI will fall within one of the bold-faced print sections below.

**Treatment.** HAPN may use your PHI to provide you with medical treatment or services. HAPN may disclose your PHI to doctors, nurses, technicians, medical students or other members of your health care team to keep them informed about your care status or condition as necessary

**Payment.** HAPN may use and disclose your PHI to obtain payment from your insurance company or a third party. For example, HAPN may need to provide your health plan with information about treatment you received for an ear infection so that your health plan will pay us or reimburse you for the treatment. Also, HAPN may disclose your PHI to your other health care providers to assist those providers in obtaining payment from your insurance company or a third party.

**Health Care Operations.** HAPN may use and disclose your PHI for routine health care operations

**Appointments and Alternatives.** HAPN may use and disclose your PHI to contact you to provide appointment reminders, prescription refill reminders, and other communications regarding your case management or health care coordination

**Business Associates.** HAPN may disclose your PHI to HAPN business associates in order to carry out treatment, payment, or health care operations.

**Health Oversight Activities.** HAPN may disclose your PHI to a health oversight agency or entity for activities authorized by law, such as audits, investigations, inspections, and licensure.

**Public Health Activities.** As required by law, HAPN may disclose your PHI for public health activities.

You may revoke any prior authorization in writing. A written revocation will not apply to any previous use or disclosure of PHI made in good faith under a prior authorization.

### **Changes to This Notice**

HAPN reserves the right to change this Notice and to make the revised Notice effective for PHI HAPN already has about you as well as any information HAPN receives in the future. A copy of the current Notice or a summary of the current Notice will be available at our office and on our website, [www.houstonpedineuro.com](http://www.houstonpedineuro.com)