

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 is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices please contact:

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P.O. Box 297
Mont Belvieu, TX 77580
(713) 825-0086

Effective Date of This Notice: April 14th 2003

I. How the practice may Use or Disclose Your Health Information

This practice collects health information from you and stores it in a chart and/or on a computer. This is your medical record. The medical record is the property of the practice, but the information in the medical record belongs to you. The practice protects the privacy of your health information. The law permits the practice to use or disclose your health information for the following purposes:

1. **Treatment:** I will use the health care information I learn about you to provide you with health care services.
 - (i) The following people in my office will have access to your information:
 - a. *Medical staff – doctors, physician assistants, and nurse practitioners*
 - b. *Nursing staff – registered nurses, licensed practical nurses, and medical assistants*
 - c. *Other clinical staff – phlebotomists, laboratory technologists and technicians*
 - d. *Reception staff*
 - e. *Medical records personnel*
 - (ii) I have established standards and procedures that limit various staff members' access to your health information according to their primary job functions. These standards and procedures may change from time to time. All of my staff is required to sign a confidentiality statement.
 - (iii) I will share your health care information with other health care providers involved in your care.
 - 1) *When I admit you to the hospital, I will share your health care information with personnel of that hospital. That hospital will have a privacy and confidentiality policy like this one. If you have questions about their policy, you should ask them.*
 - 2) *When I refer you to a specialist, I will share your health care information with them. I will send this information whether you actually see the specialist (for example, a surgeon) or whether you do not (for example, if we send a specimen to a laboratory for analysis). That specialist will have a privacy and confidentiality policy like this one. If you have questions about their policy, you should ask them.*
 - 3) *When I submit laboratory specimen to reference laboratories, and/or pathologists.*
 - (iv) I will share your health care information with other people associated with your care at my office. These include:
 - 1) *Family members you involve in your care*
 - 2) *Friends you choose to include in your care*
 - 3) *Other caregivers you choose to involve in your care*
 - 4) *Other parties actively involved in your care*
2. **Payment:** I will use and disclose your health care information to seek reimbursement for services I render you and members of your household. In this process, other parties may have access to the information you give me.
 - (i) In this context, these parties include:
 - 1) *My business office staff*
 - 2) *The insurance organizations involved in your care*
 - 3) *An organization that mails my statements to you*
 - 4) *If one is required, the collection agency I use to collect unpaid balances.*
 - 5) *Other firms that become involved in the process of processing or reviewing payment activities.*

3. **Regular Health Care Operations:** I will use and disclose your health information to keep our practice operable.
- (i) Examples of this kind of personnel include, but are not limited to, the following:
 - 1) *My medical records staff*
 - 2) *Outside health or management reviewers*
 - 3) *Individuals performing similar activities*
 - (ii) Governmental Oversight Activities – if I receive proper instruction from a party with applicable jurisdiction, I will use and disclose your health information to support activities associated with audits, investigations, license reviews, applications for privileges, and in compliance with governmental programs and laws.
 - (iii) As required by law – I will use and disclose your health care information as required by a court or administrative order, subpoena, discovery request, or other lawful process. I will use and disclose your information when requested by national security, intelligence, and other State and Federal officials, and/or if you are an inmate or otherwise under the custody of law enforcement.
 - (iv) For appointment reminders – I will use and disclose your health information to remind you of appointments you have made in my office or elsewhere.
 - (v) Treatment alternatives – I will use and disclose your health information to seek out treatment alternatives for you of which I become aware in the professional or popular literature.
 - (vi) Research – I will use and disclose your health information to participate in research programs that have proper governmental approval. If your information is to be presented in a format that would allow individual identification, I will seek your written authorization before disclosing it.
 - (vii) Upon military command – if you currently serve in the military or are a veteran, I will disclose your information upon proper military command.
 - (viii) To prevent a serious threat to health or safety – if I determine that there is a serious threat to the health or safety of you or some other individual, I will disclose your health information to the proper authorities.
 - (ix) To discharge public health responsibilities – I will disclose your health care information to report deaths, child abuse, neglect, domestic violence, problems with products, reactions to medications, product recalls, disease/infection exposure, and to prevent and control disease, injury, and disability.

4. **Information provided to you:** You have the right to:

Inspect and copy your health care information, or that of an individual for whom you are a legal guardian.

- (i) If you wish to examine your health care information, you will need to complete and submit the form shown as Exhibit A of this policy. Additional copies are available separately.
- (ii) After I receive the form, I will determine whether to permit you to examine your health care information. In some cases, I may refuse to permit you to do so. Examples of reasons why I would refuse include, but are not limited to, the following: A determination that doing so might harm you, or might harm another person.
- (iii) Unless I decide to refuse permission to review your health care information, I will make an appointment for you to review the information. You will do so in a private room, with a member of my staff available to assist you in finding information. I may charge a fee for this service.
- (iv) While reviewing the information, you will have the right to a copy of parts or all of your health care information. I may charge a fee for this service.

You have the right to amend health care information, if you feel it is inaccurate or incomplete.

- (i) To request an amendment to your health care information, please request and complete the amendment form available in my office. Additional copies are available separately.
- (ii) I will review your request to amend your record. I may decide to deny the amendment. Examples of reasons why I would refuse include, but are not limited to, the following: If I feel it is false or misleading, or could harm you or some other person.
- (iii) If I accept your amendment, I will attach it as a permanent document in your health care record. If you make reference, individually and specifically, to specific documents in your health care record, I will append a note to each such document referring a future reader to your amendment. You need to describe each document individually. If you do not identify any particular documents or simply state “all” (or some similar language), then I will add your amendment as a separate document into the chart, but not append notes to any other documents.

You have the right to receive a list of non-routine disclosures we have made of your health care information.

- (i) When I refer you to a specialist as described above, I make a routine disclosure of your health care

information that I think will be necessary and appropriate for treatment, payment, and health care operations. I do not keep record of these routine disclosures.

- (ii) You can request a list of non-routine disclosures of your health care information I have made. I will provide you a list of these disclosures during the subsequent six years, beginning with April 14, 2003. To request a list of these disclosures of your health care information, complete and submit the appropriate form available in my office. Additional copies are available separately.

You have the right to request a limit to the health care information we disclose about you.

- (i) If you wish to do so, write a letter describing your concerns and wishes to your physician or to my Privacy Officer.
- (ii) I am not obligated to acquiesce to your request. However, if I do agree, I will comply with your requests in all subsequent decisions to use and disclose your health care information.

You have the right to request confidential communications.

- (i) In general, I will not disclose your health care information except as described above. If, however, you wish me to restrict further the parties who will have access to your information, please request the appropriate form available from my office.
- (ii) I am not obligated to acquiesce to your request. However, if I do agree, I will comply with your requests in all subsequent decisions to use and disclose your health care information.

5. Directory. I may list your name, your general medical condition and your religious affiliation in my directory. This information may be provided to members of the clergy. This information, except your religious affiliation, may be provided to other people who ask for you by name. If you do not want me to list this information in my directory and provide it to clergy and others, you must tell us that you object.
6. Notification and communication with family. I may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, I will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Required by law. As required by law, I may use and disclose your health information.
8. Public health. As required by law, I may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Health oversight activities. I may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Judicial and administrative proceedings. I may disclose your health information in the course of any administrative or judicial proceeding.
11. Law enforcement. I may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information. I may disclose your health information to coroners, medical examiners and funeral directors.
13. Organ donation. I may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. Research. I may disclose your health information to researchers conducting research that has been approved by

an Institutional Review Board or the privacy board.

15. Public safety. I may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized government functions. I may disclose your health information for military, national security, prisoner and government benefits (only for health plans) purposes.
17. Worker's compensation. I may disclose your health information as necessary to comply with worker's compensation laws.
18. Marketing. I may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
19. Fund-raising. I may contact you to participate in fund-raising activities.
20. Change of Ownership. In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When the practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this practice will not use or disclose your health information without your written authorization. If you do authorize this practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Changes to this Notice of Privacy Practices

This practice reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, this practice is required by law to comply with this Notice.

IV. Complaints

You have the right to file a complaint with us about my adherence to these policies.

- (i) Your complaint should be directed to my Privacy Officer.
- (ii) You can either write a letter addressed to the Privacy Officer, or complete and submit the appropriate form available from our office. Additional copies are available separately.

You have the right to file a complaint with the Secretary of Health and Human Services.

- (i) You should write a letter describing your concerns.
- (ii) The letter should be addressed as follows:

Secretary of Health and Human Services
The U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201