

NOTICE OF PRIVACY PRACTICE

This notice describes how medical information about you may be used, disclosed and how you are able to access this information. *Please review carefully.*
This practice uses and discloses health information about you for treatment, to obtain payment for treatment, administrative purposes, as well as evaluate the quality of care you receive. This notice describes our privacy practice. You may request a copy of this notice at any given time.

I. Treatment, Payment & Health Care Operations

- **Treatment:**We are permitted to use and disclose your medical information to those involved with your treatment. *For example...*Your care may require the involvement from a Specialist. If a referral of a Specialist is needed, we do retain the rights to release any *and/or* all of your medical information to such physician to properly facilitate the appropriate care.
- **Payment:**We are permitted to use and disclose your medical information for billing and collection of payment for services that are provided to you. *For example...*We may complete a claim form in order to obtain payment from your insurer. This form contains a detailed description of the medical services provided. This is necessary for your insurer to approve payment to our practice.
- **Health Care Operations:**We are permitted to use or disclose your medical information for purposes of health care operations. These are activities that support this practice as well as ensuring that we are providing the utmost quality of care. *For example...*The services of a professional to aid our practice within its compliance programs may become necessary. Such person will review any *and/or* all medical files to ensure conformity with all regulations of the law.

II. Disclosures That Can Be Made Without Your Authorization

By law, there are certain situations in which we are permitted to disclose or use your medical information without your written authorization and without an opportunity for objection. In all other situations, a request for your written authorization will be issued before any use or disclosure of any identifiable health information about yourself. If you choose to sign such authorization, you are able to revoke the previous authorization with written consent to halt future availability for disclosure. However, any revocation **WILL NOT** apply to any disclosures and uses made or taken previous to the receipt of your written revocation.

- **Public Health, Abuse or Neglect & Health Oversight:**We are permitted to disclose your medical information for public health activities. Public health activities are mandated by federal, state or local governments to obtain information regarding disease(s), vital statistics (*births & deaths*) or injury by a public health authority. If authorized by law, we can disclose medical information regarding a person that may have been exposed to disease(s) offering the risk of contraction *and/or* the possibility of a spreading condition. Disclosure of your medical information for the purpose of reporting any reactions to medications, issues with products or for notification of recalls of products in usage is also permissible. We are permitted to disclose your medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires reporting any and all child abuse or neglect. Regulations also permit the disclosure of information to report any abuse or neglect of elders or disabled.
We are permitted to disclose your medical information to a health oversight agency for activities authorized by law. *Examples of these activities are...* audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws such as civil rights laws.
- **Legal Proceeding & Law Enforcement:**We are permitted to disclose your medical information in the course of judicial or administrative proceedings in response to, *and/or* order of the court or the administrative decision-maker, as well as any other appropriate legal processes. However, certain requirements must be met before any information is disclosed.
We are permitted to disclose your medical information under limited circumstances if asked by a law enforcement official. Provided that the information:
 1. Is released pursuant to legal process, such as a warrant or subpoena.
 2. Pertains to a victim of crime and you are incapacitated.
 3. Pertains to a person who has died under circumstances possibly related to criminal conduct.
 4. Is regarding a victim of crime whose agreement is unable to obtain.
 5. Is released due to a crime that has occurred on our premises.
 6. Is released to locate a fugitive, missing person or suspect.

We are also permitted to release information if belief of disclosure is necessary to prevent or lessen an imminent threat to the health or safety of an individual.

- **Worker's Compensation:**We are permitted to disclose your medical information as required by the Texas Workers Compensation Law.
- **Inmates:**If you are an inmate or under the custody of law enforcement, we are permitted to release your medical information to the appropriate correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with the appropriate medical care, protection of your health and safety and others, or for the safety and security of the institution.
- **Military, National Security & Intelligence Activities & Protection of the President:**We are permitted to disclose your medical information for specialized governmental functions such as separation or discharge from military service, request as necessary by appropriate military command officers (*provided you're a member of the military*), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials or foreign heads of state.
- **Research, Organ Donation, Coroners, Medical Examiners & Funeral Directors:**We are permitted to disclose your medical information to researchers for research purposes and projects when its privacy protections have been approved by an Institutional Review Board or privacy board. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye or tissue donation if you are a donor. We can also release your medical information to a coroner or medical examiner to identify the deceased or a cause of death. Furthermore, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out their duties.

III. **Your Rights Within Federal Privacy Regulations**The United States Department of Health & Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability & Accountability Act (HIPPA). Those regulations create several privileges that patients may exercise. We will not retaliate against any patient that exercises their HIPPA rights.

- **Requested Restrictions:**You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment or healthcare operations. We **DO NOT** have to agree to this restriction, however, if agreed we will comply with your request. The only exception would require emergency circumstances. To request a restriction, the following must be submitted in writing:
 1. The information to be restricted.
 2. The type of restriction requested (*Use or disclosure of information*).
 3. To whom the limits apply.
 4. Send request to the address and person listed below.

You may also request limitation of disclosure to family members, other relatives or close personal friends that may or may not be involved with your healthcare.

- **Receiving Confidential Communications by Alternative Means:**You may request that we send communications of protected health information by alternative means or to an alternative location. Such request must be made in writing to the person listed below. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly the form of communication desired and if you are directing us to send it to a particular location. *Include the contact name and address information.*
- **Inspection & Copies of Protected Health Information:**You may inspect *and/or* copy health information that is within the designated record set (*Information used to make decisions regarding your care*). Texas Law requires that request for copies are made in writing and we also ask that requests for inspection of your health information be made in writing. *Please send your request to the person below.*

We can refuse to provide certain information or request to be copied if the information:

1. Includes psychotherapy notes.
2. Provides the identity of a person who obtains a promise of confidentiality.
3. Is subject to the Clinical Laboratory Improvements Amendments of 1988.
4. Has been compiled in anticipation of litigation.

We can refuse to provide access to or copy certain information for other reasoning... provided that we provide a review of our decision on your request. Another licensed healthcare provider who was not involved in the prior decision to deny access will make any such review.

Texas Law requires that we are ready to provide copies or a narrative within 15 days of your request. We will inform you when the records are available or if we believe access should be limited. If we deny access, you will be informed in writing by our practice.

HIPPS permits us to charge a reasonable cost base fee. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies or medical records that, circumstantially, may be lower than the charges permitted by HIPPA. In any event, the lower the fee permitted by HIPPA or the fee permitted by the TSBME will be charged.

- **Amendment of Medical Information:**You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. You will receive a response within 60 days of your request. We may refuse to allow an amendment if the information:

1. Was not created by this practice or the practicing physician.
2. Is not part of the Designated Record Set
3. Is not available for inspection due to an appropriate denial.
4. If the information is accurate and complete.

If refusal to allow an amendment, you are permitted to include a patient statement regarding the information at issue in your medical record. If we refuse to allow an amendment, you will be notified by our practice in writing. If we approve the amendment, you will be informed in writing by our practice, allow the amendment to be made and inform others of our knowledge of the incorrect information.

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

IV. **Appointment Reminders, Treatment Alternatives & Other Health Related Benefits**We may contact you by telephone to provide appointment reminders, information regarding treatment alternatives or other health-related benefits and services that may be of interest to you.

V. **Complaints**If you are concerned that your privacy rights have been violated, contact the person below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government against our practice. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health & Human Services
HIPPS Complaint
7500 Security Blvd. C5-24-04
Baltimore, MD 21244

VI. **Our Commitment & Promise To Our Patients**We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practice with respect to protect health information and to abide by the terms of the notice of privacy practices in effect.

VII. **Questions & Contact Information For Requests**If you have any questions or wish to make a request pursuant to the rights described above, please contact:

Eric A Orzeck, M.D. P.A.
10023 S Main Street, Suite C-4
Houston, TX 77025-5252
Phone: (713) 797-9922

This office is effective on the following date:

January 1, 2007

ENDOCRINOLOGY ASSOCIATES

*Board Certified Physicians
American Board of Internal Medicine*

Eric A Orzek MD FACP FACE

Sonia P Eapen MD*

Samir G Ouais MD*

** Board Certified Endocrinology, Diabetes, and Metabolism*

Certified / Licensed Associates

Faith Sanders PA-C

Rachel Taylor BSN RN CDE

ACKNOWLEDGEMENT OF REVIEW OF THE NOTICE OF PRIVACY PRACTICES

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

SIGNATURE OF PATIENT, GUARDIAN OR
LEGAL REPRESENTATIVE

PRINT NAME

RELATIONSHIP (IF OTHER THAN SELF)

DATE

10023 S. Main Street Suite C4
Houston, Texas 77025
Phone 713.797.9922 Fax: 713.799.8800

8633 Broadway Suite 101
Pearland, Texas 77584
Phone 281.485.7200 Fax: 281.485.7202