

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information.

Please review it carefully

<p>1. Purpose: Family Practice Doctors and its professional staff and employees follow the privacy practices described in this Notice. : Family Practice Doctors is required by law to maintain the privacy of our health information, whether in paper or electronic records, and to protect the integrity, confidentiality, and availability of your electronic information when it is collected, maintained, used, or transmitted by Family Practice Doctors. However, Family Practice Doctors must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, Family Practice Doctors must share your medical information as necessary for treatment, payment, and health care operations.</p> <p>2. What Are Treatment, Payment, and Health Care Operations? Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications, or with radiologists or other consultants in order to make a diagnosis. Family Practice Doctors may use your medical information as required by your insurer or HMO to obtain payment for your treatment. We also may use and disclose your medical information to improve the quality of care, for example, for review and training purposes.</p> <p>3. How Will Family Practice Doctors Use My Medical Information? Your medical information may be used or disclosed, unless you ask for restrictions on a specific use or disclosure, for the following purposes:</p> <ul style="list-style-type: none"> • To inform you of treatment alternatives or benefits or services related to your health that may be of interest to you. (You will have an opportunity to refuse to receive this information.) • As required by law. • Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required or authorized by law). • Health oversight activities, e.g., audits, inspections, investigations, and licensure. • Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.) • Law enforcement (e.g., in response to a court order or subpoena) • To coroners and medical examiners. • Organ and tissue donation. • Certain research projects approved by an Institutional Review Board. • To prevent a serious threat to health or safety. • To military command authorities if you are a member of the armed forces. • National security and intelligence activities. • Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations. • To relatives, close friends or any other person identified by you involved in your care or payment for your treatment. • Workers' Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.) • To carry out treatment, payment, and health care operations functions through business associates, e.g., to install a new computer system. Certain types of information may be subject to additional restrictions on disclosure, such as AIDS test results and psychotherapy notes. 	<p>4. Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information unless you authorize (permit) Family Practice Doctors in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.</p> <p>5. You Have Rights Regarding Your Medical Information. You have the following rights regarding your medical information, provided that you sign Family Practice Doctors' form requesting the rights:</p> <ul style="list-style-type: none"> • Right to request restriction. You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you had a particular procedure). But in most instances, we are not required to agree to your request. In those instances, we will comply with your request unless the information is needed to provide you with emergency treatment. In addition, if you request that we cannot disclose your medical information to a health plan for payment or health care operations after you have already paid in full for your health care services, then we are required by law to comply with this request. • Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted. • Right to inspect and copy. You have the right to inspect and copy your medical information. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; in some cases, you may request review of the denial by another licensed health care professional chosen by Family Practice Doctors will comply with the outcome of the review. • Right to request amendment. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by Family Practice Doctors, which requires certain specific information. Family Practice Doctors is not required to accept the amendment. • Right to accounting of disclosures. You may request a list of the disclosures of your medical information that have been made to persons or entities for 5 five years (such list will not include disclosures made pursuant to an authorization). • Right to be notified if a security breach occurs. Beginning May 6, 2013, Family Practice Doctors is required to notify you after it discovers that your unsecured protected health information was breached by either Family Practice Doctors or by one of its Business Associates. When we learn of such breach, we will abide by the notification requirements set forth by law. • Right to a copy of this Notice. You may request a paper copy of this Notice at any time. <p>6. Requirements Regarding This Notice. Family Practice Doctors is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. Family Practice Doctors may change this Notice, and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register at Family Practice Doctors for health care services, you may receive a copy of the Notice in effect at the time.</p> <p>7. Complaints. If you believe your privacy rights have been violated, you may file a complaint with Family Practice Doctors or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to Family Practice Doctors or the Department of Health and Human Services.</p>
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Please contact Our Privacy Officer at 281-570-2606 if:

• you have a complaint; • you have any questions about this Notice; • you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or • you wish to obtain a form to exercise your individual rights described in paragraph 5.

Form Revised 05/05/13