

HOUSTON METRO UROLOGY

HIPAA 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

INTRODUCTION:

At Houston Metro Urology, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Houston Metro Urology, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

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Your Health Information Rights:

Although your health record is the physical property of Houston Metro Urology, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action already has been taken, and
- Specify family members who may receive information regarding your health records

OUR RESPONSIBILITIES:

We are required by applicable federal and state law to maintain the privacy of your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the terms of our notice effective for all PHI that we maintain. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information:

We use and disclose PHI about you for **treatment, payment, and health care operations**. Following are examples of the types of uses and disclosures that we are permitted to make.

Treatment: We are permitted to use and disclose your medical information to those involved in your treatment. For example, we may request that your primary care physician share your medical information with us. Also, we may provide your other treating physicians with information about your particular condition so that he/she can treat you appropriately.

Payment: We are permitted to use and disclose your medical information to bill and collect payment for the services we provide to you. For example, we may complete a claim form to obtain payment from your insurer. That form will contain medical information, such as a description of the medical services provided to you.

Health Care Operations: We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional to aid this practice in its compliance programs. Or, we may ask another physician to review this practice's charts and medical records to evaluate our performance so that we may ensure that this practice provides only the best health care.

We may also in our health care operations disclose PHI to business associates' with whom we have written agreements containing terms to protect the privacy of your PHI.

We may disclose your PHI to another entity that is subject to the federal Privacy Rules and that has a relationship with you for its health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, case management and care coordination, or detecting or preventing health care fraud and abuse.

On Your Authorization: You may give us written authorization to use your PHI or to disclose it to another person and for the purpose you designate. If you give us an authorization, you may withdraw it in writing at any time. Your withdrawal will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

We will make disclosures of any psychotherapy notes we may have only if you provide us with a specific written authorization or when disclosure is required by law.

Personal Representatives: We will disclose your PHI to your personal representative when the personal representative has been properly designated by you and the existence of your personal representative is documented to us in writing through a written authorization.

Disaster Relief: We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health Related Services. We may use your PHI to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your PHI to a business associate to assist us in these activities.

Public Benefit: We may use or disclose your PHI as authorized by law for the following purposes deemed to be in the public interest or benefit

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, certain Food and Drug Administration (FDA) oversight purposes with respect to an FDA-regulated product or activity, and to employers regarding work-related illness or injury required under the Occupational Safety and Health Act (OSHA) or other similar laws
- to report adult abuse, neglect, or domestic violence

- to health oversight agencies
- in response to court and administrative orders and other lawful processes
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person
- to avert a serious threat to health or safety
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities
- to correctional institutions regarding inmates; and
- as authorized by and to the extent necessary to comply with worker's compensation laws

We will make disclosures for the following public interest purposes, only if you provide us with a written authorization or when disclosure is required by law

- to coroners, medical examiners, and funeral directors
- to an organ procurement organization; and
- in connection with certain research activities.

Use and Disclosure of Certain Types of Medical Information. For certain types of PHI we may be required to protect your privacy in ways more strict than we have discussed in this notice. We must abide by the following rules for our use or disclosure of certain types of your PHI:

- *Communicable Disease Test Results.* We may not disclose the result of any communicable disease test, unless the disclosure is required by law or the disclosure is to you, your personal representative, a physician or other person who ordered the test, or a health care worker who has a legitimate need to know the results of the test for safety purposes, or pursuant to an authorization signed by you.
- *HIV Test Results.* We may not disclose the result of any HIV test unless required by law or the disclosure is to you, your personal representative, a physician or other person who ordered the test, or a health care worker who has a legitimate need to know the results of the test for safety purposes; or pursuant to an authorization signed by you providing us permission to disclose to an insurance medical information exchange, a reinsurer, or to our attorneys.
- *Genetic Information.* We may not disclose genetic information unless the disclosure is authorized under state or federal criminal law and the disclosure relates to identifying an individual in the course of a criminal or judicial proceeding; is required under specific order of a state or federal court; is authorized under state or federal law to establish paternity; is made to a blood relative of a decedent for purposes of medical diagnosis; or is made to identify a decedent.
- *Status as Victim of Family Violence.* We may not disclose your status as a victim of family violence unless the disclosure is to you; to a physician or health care provider for the provision of health care services; to a licensed physician designated by you; as required by law or pursuant to an order of the Texas Insurance Commissioner or a court order; to our attorneys; or when necessary for our payment and health care operations if to a reinsurer, a party to a sale of all or part of our business or to medical and claims personnel we contract with, providing we cannot without undue hardship first segregate the medical information in a way that does not disclose your status as a victim of family violence.
- *Mental Health Information.* We may not disclose your mental health information except for the same purposes for which we received the information or as may be required by law.
- Confidential Communications from a Physician. We may not disclose confidential information about you that we receive from a physician for any purpose other than for which we received the information or as may be required by law.
- Medical Information Maintained by Our HMO. Your medical information that is maintained by our HMO may only be disclosed for the HMO's payment and health care operations purposes or as allowed by Texas law pertaining to HMOs.
- Medical Information We Receive While Performing Utilization Review. If we collect or receive your medical information while performing utilization review activities, we may not disclose that information unless the disclosure is required by law or to an individual or entity that we have contracted with to aid us in performing utilization review.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services; see information at its Web site: www.hhs.gov. If you request, we will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact:

Vicki Turner, Privacy Officer, Houston Metro Urology, 4223 Richmond Ave Houston, TX. 77027; 713-351-0644
Email: vicki.turner@hmutx.com

HOUSTON METRO UROLOGY, PA

**Acknowledgement of Receipt of
Notice of Privacy Practices**

I have received a copy of this office's Notice of Privacy Practices which explains how my medical information will be used and disclosed.

Signature of Patient

Name of Patient

Date

-or-

Signature of Personal Representative

Name of Personal Representative

Relationship of Personal Representative

Date

OFFICE USE ONLY

I attempted to obtain the patient's signature on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date: Initials: Reason:

Acknowledgement of Reviews of Notice of Privacy Practices

Houston Metro Urology is committed to protecting and ensuring that your health information is used and disclosure appropriately. This Notice of Privacy Practices identifies all potential uses and disclosures of your health information by our organization and outlines your rights with regard to your health information. Please sign the form below to acknowledge that you have received our Notice of Privacy Practices. I acknowledge that I have received a copy of the Notice of Privacy Practice of Houston Metro Urology.

Name: _____

x _____
Signature of Patient or Parent/Guardian of minor

Cancellation and "No Show" Policy:

There is a cancellation or no show fee of \$25 if you do not call within 24 hours of your scheduled appointment

Payment Policy:

Co-payments, c-insurance or deductibles require payment at the time of service. If you have insurance coverage with a managed care plan, it is your responsibility to ensure we are a contracted physician. It is your responsibility to ensure which lab is your contracted lab through your insurance plan. **If your insurance requires a referral to see a specialist, it is your responsibility to make sure there is a current referral on file with our office.** You are responsible for timely payments on your account.

Information Regarding Test Results

Lab results are usually ready within 7-10 business days. If you have a urine culture and sensitivity done, please call your nurse if you have **NOT** received your results within five (5) business days. Normal Lab may not be called to you. Abnormal lab results will be called to you to schedule appointment and will **NOT** be discussed over the phone.

Diagnostic Testing:

X-rays, CT Scans, MRI, Bone Scans, IVP, etc..... will not be mailed, we will call you to inform you that we have received the results and schedule an appointment to follow up. Results will **NOT** be discussed over the phone.

Insurance Referrals or Authorizations:

If you have an HMO or POS policy requiring an authorization or referral from your primary care physician, it is your responsibility to obtain one. Please make sure you have a valid referral for each visit.

Prescription Refills:

Refills for prescriptions will **NOT** be authorized after hours or on weekends. Please call our office on regular business hours or have your pharmacy fax a request to us. Pain medication will **NOT** be refilled after business hours or on weekends.

Medical Records and FMLA Forms:

Medical Records are no longer handled here in our office. You may contact our medical records company, HealthMark at 1800-659-4035 to request or check status on a request or email at statu@healthmark-group.com. There might be a fee for medical records. For FMLA Forms there is a fee of \$25 to be paid directly to HealthMark. You have to bring the form to the office and we will forward the form to HealthMark. To check status please call 972-895-2138 or email fmla@healthmark-group.com.

Signature of Patient or Parent/Guardian if a minor

Date