

ADHD Clinic of North Texas HIPAA NOTICE OF PRIVACY RIGHTS

I. 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. PLEASE KEEP A COPY FOR YOUR RECORDS. It also describes your rights to access and control your protected health information (PHI). 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.

II. WE ARE REQUIRED TO ABIDE BY THE TERMS OF THIS NOTICE OF PRIVACY PRACTICES. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment. For purposes of this Notice, the use of the word "office" or "we" should be taken to mean ADHD Clinic of North Texas, and the entire office staff and our physicians. In all cases when the words "you" or "patient" are used, it should be taken to mean "the patient or their parent/legal guardian."

III. HOW YOUR PHI WILL BE USED AND DISCLOSED. Your PHI will be used and disclosed for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. Your PHI may be used and disclosed without your consent for the following reasons:

1. For treatment. Your health information may be used to give you medical treatment or services. Your health information may be disclosed to pharmacists and their assistants and other professionals involved in your care to put in place a treatment plan and to carry out that plan. For example, if you or your child has ADHD, the doctor or office staff may need to clarify medication instructions with the pharmacy; obtain prior authorization for certain medications from insurance entities; or tell the school nurse when to dispense medication. In some situations, your health information may be disclosed to other health care facilities or providers who will be treating you. For example, we may disclose health information about you to people outside of this office who provide follow-up care to you, such as physicians and in-patient treatment facilities.
2. For health care operations. Your PHI may be disclosed to facilitate the efficient and correct operation of this practice. Examples: Quality control — Your PHI might be used in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. Your PHI may also be provided to attorneys, accountants, consultants, and others to make sure of compliance with applicable laws.
3. To obtain payment for treatment. Your PHI may be used and disclosed to bill and collect payment for the treatment and services provided to you. Example: Your PHI might be communicated to your insurance company or health plan in order to get payment for the health care services that have been provided to you. Your PHI may also be provided to business associates, such as billing companies, claims processing companies, and others that process health care claims for this office.
4. Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that this office attempts to get your consent after treatment is rendered. In the event that this office tries to get your consent but you are unable to communicate (for example, if you are unconscious or in severe pain) but it is reasonable to assume that you would consent to such treatment if you could, your PHI may be disclosed.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. Your PHI may be used and/or disclosed without your consent or authorization for the following reasons:

1. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
2. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
3. If disclosure is compelled by the patient or the patient's representative pursuant to Texas Health and Safety Codes or to corresponding federal statutes or regulations, such as the Privacy Rule that requires this Notice.
4. To avoid harm. PHI may be provided to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.

6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the Texas Child Abuse and Neglect Reporting law. For example, if there is a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the Texas Elder/Dependent Adult Abuse Reporting law. For example, if there is a reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you tell this office of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, giving information about you to the county coroner may be needed.
11. For health oversight activities. Example: This office may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. For specific government functions. Examples: PHI of military personnel and veterans may be disclosed under certain circumstances. Also in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
13. For research purposes. In certain circumstances, PHI may be provided in order to conduct medical research.
14. For Workers' Compensation purposes. PHI may be provided in order to comply with Workers' Compensation laws.
15. Appointment reminders and health-related benefits or services. Examples: PHI may be used to provide appointment reminders. PHI may be used to give you information about alternative treatment options, or other health care services or benefits offered.
16. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.
18. If disclosure is otherwise specifically required by law.

C. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA and IIIB above, your written authorization will be requested before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI. These are your rights with respect to your PHI.

- A. The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. You will receive a response from the office within 15 days of receiving your written request. Under certain circumstances, your request may be denied. If so you will receive the reason for denial in writing. You also have the right to have the denial reviewed. You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. Psychotherapy notes may not be inspected or copied. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- B. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that use and disclosure of your PHI be limited and how. While your request will be considered, this office is not legally bound to agree. If your request is agreed to, those limits will be put in writing and abided to except in emergency situations. You do not have the right to limit the uses and disclosures that the office is legally required or permitted to make.
- C. The Right to Choose How Your PHI is Sent to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via e-mail instead of by regular mail). This office is obliged to agree to your request providing that the PHI can be rendered, in the format you requested, without undue inconvenience.
- D. The Right to Get a List of the Disclosures Made.** You are entitled to a list of disclosures of your PHI made by this office. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before January 3, 2011. After January 3, 2010, disclosure records will be held for 6 years. Your request for an accounting of disclosures will be responded to within 60 days of receiving your request in writing. The list will include disclosures made in the previous 6 years unless you indicate a shorter period. The list will include the date of the disclosure, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. The list is offered to you at no cost, unless you make more than one request in the same year, in which case a reasonable sum will be charged based on a set fee for each additional request.
- E. The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request correction of the existing information or addition of the missing information.

Your request and the reason for the request must be made in writing. You will receive a response within 60 days of receipt of your request. Your request may be denied, in writing, if: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of the records, or (d) written by someone other than this office. Denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and the denial be attached to any future disclosures of your PHI. If your request is approved, the change(s) will be made to your PHI. Additionally, you will be told that the changes have been made, and all others who need to know about the change(s) to your PHI will be advised.

V. HOW TO COMPLAIN ABOUT PRIVACY PRACTICES

If, in your opinion, your privacy rights have been violated, or if you object to a decision made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about privacy practices, no retaliatory action will be taken against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Aashish R. Parikh, M.D., 3901 Arlington Highlands Blvd., Suite 200, Arlington, TX 76018, (817) 719-3736.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 3, 2011 and was last revised on July 6, 2016.