



ARTHRITIS & OSTEOPOROSIS CLINIC OF BRAZOS VALLEY

1725 Birmingham Dr., Ste. 200, College Station, TX 77845 · (979) 696-8000 · (979) 696-8100 fax

Board Certified in Rheumatology

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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.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires us to provide our patients with a notice of our privacy practices. This notice describes how your protected health information (PHI), or any health information which could be used to identify you as the individual patient who is associated with that health information, may be used and disclosed in regards to treatment, payment, and health care operations by the Arthritis & Osteoporosis Clinic of Brazos Valley (AOC). This notice also describes our duties to protect that information, your rights as a patient regarding your PHI, and who to contact if you believe your privacy rights have been violated. We will not use or disclose your information without your written authorization (permission) except as described in this notice

Use and Disclosure:

Your physician, the office staff of AOC, and others involved in your care and treatment outside of our office may collect, use and disclose your PHI via fax, telephone and email. AOC will make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. AOC may disclose your PHI to other doctors, hospitals, pharmacies, or surgical or diagnostic facilities for the purpose of diagnosing or treating you; to insurance and third party payers for the purpose of obtaining payment for your health care bills; and to business associates we have contracted to perform services such as transcription, billing, collections, appointment reminder, and answering services. For example, AOC may share or use your health information with your health plan to obtain payment for services or using your health information to determine your eligibility for government benefits in a health plan. AOC may contact you and leave messages for you with appointment reminders and health-related treatment alternatives and services that may interest you. Also, AOC may share or use your health information with a third party to continue care and treatment as directed by the provider.

Without your authorization AOC may use or disclose your PHI in the following situations:

- For public health activities such as reporting diseases, injuries, births or deaths to a public health authority authorized to receive this information, or to report medical device issues to the FDA;
- As authorized by law, for our patient directory, to family or friends involved in your care, or to a disaster relief agency for purposes of notifying your family or friends of your location and status in an emergency situation only;
- To comply with workers compensation laws and similar programs;
- To alert appropriate authorities about victims of abuse, neglect, or domestic violence; if the agency reasonably believes you are a victim of abuse, neglect, or domestic violence we will

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make every effort to obtain your permission, however, in some cases we may be required or authorized to alert the authorities;

- For health oversight activities such as audits, investigations, and inspections of AOC;
- For research approved by an Institutional Review Board or privacy board; for preparing for research such as writing a research proposal; or for research on decedents information;
- To create or share de-identified or partially de-identified health information (limited data sets);
- For judicial and administrative proceedings such as responding to a subpoena or other lawful order;
- For law enforcement purposes such as identifying or locating a suspect or missing person;
- To coroners, medical examiners, or funeral directors as needed for their jobs;
- To organizations that handle organ, eye or tissue donation, procurement, or transplantation;
- To avert a serious threat to health or public safety;
- For specialized government functions such as military and veteran activities, national security and intelligence activities, and for other law enforcement custodial situations;
- For incidental disclosures such as when information is overheard in a waiting room despite reasonable steps to keep information confidential; and
- As otherwise required or permitted by local, state, or federal law

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.

Your Rights:

You have a right to inspect and copy your PHI, which is used to make decisions about your care. HIPAA allows us to charge a reasonable fee for copies and you may not inspect or copy the following records: psychotherapy notes; information compiled in anticipation of litigation; information that identifies the person who provided us information under a promise of confidentiality; information subject to Clinical Laboratory Improvements Amendments of 1988; and PHI that is subject to law that prohibits access to PHI. Texas law requires these requests to be in writing and you may do so by writing to the privacy officer listed at the end of this notice. You have the right to cancel your authorization, except to the extent that we have taken action based on your authorization. You may cancel your authorization by writing to the privacy officer per below.

You have the right to amend your PHI by writing to the privacy officer listed. All requests to amend health or information must be made in writing and include a reason for the request such as if any information in your PHI is inaccurate or incomplete. If we deny your request, we must provide you with a written denial and allow you to submit a statement of disagreement for inclusion in the record.

You have right to request that we restrict how your PHI is used or disclosed for treatment, payment, or healthcare operations, but we do not have to agree to your requests for restriction. However, if we do agree, we must comply with your request, except under emergency situations. Please send your requests in writing to the privacy officer listed at the end of this notice and include the following: the information to be restricted, what kind of restriction you are requesting (i.e. on the use of information, disclosure of information, or both) and to whom these limits apply. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make

choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

You have the right to receive confidential communications. You may request that we communicate with you by alternate means or to an alternate location. We are required to accommodate reasonable requests. You may do so by writing to the privacy officer listed at the end of this notice and specify exactly how and where you want us to communicate with you. You have the right to request an accounting (a list) of certain disclosures of your health information that we make without your authorization for the data range of six years prior to the date you ask, who we shared it with, and why. You have the right to receive one accounting (list) free of charge in any twelve-month period. You will receive a charge if you request more than one accounting (list) in a twelve-month period.

You have the right to obtain a paper copy of this notice upon request.

Our Duties:

We are required by law to protect the privacy of your PHI, to provide you with a notice of our privacy practices regarding that information, and to abide by the terms of the notice of the privacy practices in effect. We are required by law to notify you in the event your health information is used or disclosed in a manner that compromises the privacy of your health information. Copies of our privacy practices are also available in our office lobby and online at www.aocbv.com.

We reserve the right to change the terms of this notice and to make the revised notice effective for all health information that we maintain. We will post revised notices on our public website at www.aocbv.com and in the waiting room area.

Complaints:

You may file a complaint to our privacy officer at the address and number below or to the Department of Health and Human Services, if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Privacy Officer:

Kim Zapata – Practice Manager
1725 Birmingham Rd., Ste. 200
College Station, TX 77845
(979) 696-8000

Roger Severino, Director
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201



ARTHRITIS & OSTEOPOROSIS CLINIC OF BRAZOS VALLEY
Acknowledgement of Review of Notice of Privacy Practices

I acknowledge that I have had the opportunity to review the Arthritis & Osteoporosis Clinic of Brazos Valley's Notice of Privacy Practices. This document explains how my medical information will be used and disclosed. I understand that diagnosis or treatment of me by my physician may be conditional upon my consent as evidenced by my signature on this document. I understand that I am entitled to receive a copy of this document. I am aware that copies are available in the lobby of the Arthritis and Osteoporosis Clinic of Brazos Valley and online at www.aocbv.com.

Signature of Patient or Personal Representative

Date

Print Patient or Personal Representative's Name

Date