Barry F. Gritz M.D.

Patient's Notice

THE FOLLOWING DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Uses and Disclosure for treatment, payment, and Health Care Operations

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. You have the right to deny consent or acknowledgement of our Privacy Practices, but **"Without your consent I will not be able to accept you as a patient".** To clarify these terms, here are some definitions:

PHI – Refers to information in your health record that could identify you.
Treatment – Is when I provide, coordinate, or manage your health care and other services with another health care provider, such as your family physician, psychologist, other mental health professionals, or another psychiatrist.
Payment – is when I have to provide information from your PHI to your insurance company so that you can get reimbursed for services that you paid for while under my care.
Health Care Operations – are activities that relate to the performance and operation of my practice. Such as quality assessments and improvement activities, business related matters such as audits and administrative services, and case management and coordination.
Use – applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
Disclosure – applies to activities outside my office, such as releasing, transferring, or providing access to information about you to other parties.

Limits of Confidentiality
The law protects the privacy of all communications between a patient and physician. In most situations, I only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require that you provide written, advance consent.

Your signature acknowledging this Notice provides consent for the following activities:
I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patients. The other professionals are also legally bound to keep the information confidential.

You should be aware that I am in an office where I employ administrative staff. My office manage has full and complete access to all patients PHI. This includes protected information for both clinical and administrative purposes. My Office manager falls under the same HIPAA guidelines as Dr. Barry Gritz in regard to obtaining or releasing privileged patient information.

I also have a contract with a transcription service that does medical transcription. As required by HIPAA I have a formal business associate contract in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law.
There are some situations where I am permitted or required to disclose information without your consent or Authorization:
Serious Threat to Health or Safety: If I or my office manager determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential information to medical or law enforcement personal. If such a situation arises, I will make an effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself. The State Board of Medical Examiners has the authority to subpoena PHI information from me relevant to any complaint made regarding Dr. Barry Gritz.

Judicial Or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and will be released only with your authorization or a court order from a judge. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Worker's Compensation: If you file a workers compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

Child Abuse: If I or my office manager have cause to believe that a child has been or may be abused, neglected or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to my local or state law enforcement agency.

Adult or Domestic Abuse: If I have cause to believe that an elderly or disabled person is in a state of abuse or neglect, or exploitation, I must report such to the Department of Protective and Regulatory Services.

Your Authorization: I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In these instances I will obtain an authorization from you before releasing any information. You may revoke any authorization of PHI at any time. You may not revoke an authorization that I have acted on or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.
While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The law governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

Persons Involved in Care: We may use or disclose health information to notify, or assist in notification of (including identifying or locating) a family member, your personal representative, significant other, or a person responsible for your care, of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only heath information that is directly relevant to the person's involvement in your care.

Patient's Rights
Right to request restrictions: you have the right to request restrictions on certain uses and disclosure of PHI. However I am not required to agree to a restriction you request.
Right to receive confidential communication by alternative means and at alternative locations: You have the right to request and receive communication by alternative means and alternative locations. (For Example: If you do not wish that a family member know you are seeing Dr. Barry Gritz, you can request that you only be contacted at your work number. After providing us with the phone number you wish to be contacted at.
Right to inspect and copy: you have the right to inspect or obtain a copy (or Both) your PHI in my office that is used to make decisions about you for as long as the PHI is maintained in the records. I may deny your request under certain circumstances, but in some cases you may have this decision reviewed. On your request we will discuss with you the details of the request and the denial process.
Right to amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the records. I may deny your request; we will discuss with you the details of the amendment process.
Right to an accounting: You generally have the right to receive an accounting of disclosures of PHI. On your request we will discuss with you the details of the accounting process.
Right to a Paper Copy: you have the right to obtain a paper copy of this notice from me upon request.

Physicians Duties
I am required by law to maintain the privacy of PHI and to provide you a notice of my legal duties and privacy practices with respect to PHI.
I reserve the right to change the privacy policies described in this notice as long as they abide by HIPAA guidelines. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
If I revise my policies and procedures, I will notify you by mail or at your next office visit.

You may request a copy of our Notice at any time. For more information about our Privacy Practices, or for additional copies of this Notice, please contact us. Telephone 713-869-7400 Fax 713-869-7404

Complaints
If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact our office manager, Gary Gritz, for further information. You may also send a written complaint to the secretary of the U.S. Department of Health Services.