

Robert J. Buchanan, MD
3705 Medical Parkway, Suite 520
Austin, TX 78705
(512) 298-3637
robertjbuchananmd.com

HIPAA Notice of Privacy Practices--- Please review

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

When you receive treatment or evaluation from me (Robert J. Buchanan, MD) I will collect or create health information about you. Health information includes any information about (1) your past, present, or future physical or mental health or condition; (2) the mental health care provided to you; and (3) the past, present, or future payment for your health care. The law requires me to protect the privacy of your health information. The data which could be used to identify you is commonly referred to as your **PHI**- protected health information. I am required to provide you this notice about my privacy procedures. I will use this format to review how, when, and why I might disclose or use your PHI. Although there are times that your information may be shared, it will be in limited settings never disclosing more than is necessary.

I reserve the right to change these practices and will do so also as the law requires. As the practices change, so will this disclosure. You may always request a copy of this notice from me in paper or via email.

I will generally request your permission to release your PHI in writing. If you are interested in having your PHI released, it is also important to request this in writing. This can be revoked later to stop future disclosures.

Certain uses and disclosures do not require your authorization:

For Treatment, including sharing information with other licensed care professionals who are involved in your care, to coordinate services for your health and wellness. This includes after hours coverage.

For Health care operations, such as working with others to make sure I am following disclosure laws, medical review, working with office staff for scheduling, etc. I may disclose your health information if we need to remind you about appointments or to inform you about other health related benefits which might be of interest to you such as care-coordination.

I may share health information with business associates who are performing services on our behalf, such as companies contracted to assist with our computer systems, or do our billing, our business associates are also obligated to safeguard your PHI.

To obtain payment under a health plan or insurance, or to collections agency. We share the minimum amount of PHI necessary for them to assist us.

To address a **serious threat to health or safety**. Also, I will disclose for mandated reporting such as child abuse, dependent adult, or elder abuse. This also might be disclosed in setting of a medical emergency if you were incapacitated.

To your Legally authorized representative. I may share your health information with a person the law allows to represent your interests, such as an attorney or guardian.

In certain court proceedings. I may disclose your health information in any criminal or civil proceeding if a judge has issued an order that requires me to disclose it.

As otherwise required by law.

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Your Rights regarding your PHI:

Right to copies/see record

You have the right to get to see your PHI that is in my possession or get copies of it, but you must request, in writing and a small fee (0.50/page) may be charged. You will receive a response from me within 15 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you a written explanation of the denial, which you can review.

Right to request limits

You have the right to request that I limit disclosures of your PHI. I may not be legally bound to abide by all requests, but they will be reviewed. Agreed upon limits will be put in writing and respected. This does not include situations where disclosures are legally compelled. If you are paying out of pocket for care, you have the right to not have any information released to insurance companies.

Right to choose method of sending

You can ask that your PHI is sent to an alternative address, or by other method than mail (such as email). I am obliged to agree if the request does not create undue inconvenience. It is important to be reminded that email is not necessarily secure and confidential.

Right to get list of disclosures

You can ask for a list of disclosure of your records. This will not include general things to which you have already consented - coordination of treatment, billing, healthcare operations, or those sent directly to you, nor any made for national security purposes. If this is requested more than one time in a 12-month period, a reasonable fee may be incurred.

Right to Amend

If you believe that there is an error or omission in your record, it is your right to request that it is corrected. The request must be made in writing and will be responded to by 60 days. I may deny the request, in writing, if I find that: 1) the record is correct and complete, 2) it was written by someone else (part of an outside record), 3) not part of my record, 4) forbidden to be disclosed. You have the right to file a written objection or to ask that your amendment request and my denial is attached to future releases of PHI. If your request is approved, I will let you know as well as others if needed.

Right to be Notified of breaches

If a breach has been made involving your information, you will be notified directly or if a large breach, via the media as well. The government breach notification department will also get a report.

Right to paper copy of this notice

CONTACT INFORMATION

After reviewing this notice if you have further questions or need more information, or want to contact me about your health information and its handling, please contact at:

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Request for more information or right to complain

If, in your opinion I have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to make a complain to: Secretary of the Department of health and Human Services. <http://www.hhs.gov/ocr/privacy/psa/complaint/> or calling 18003681019.

We reserve the right to amend or update this notice. Revision to the notice will be distributed promptly and in writing.

NOTICE EFFECTIVE: 3/1/2022