

North Texas Family Health

Health Insurance Portability Accountability Act

Thursday, 15 August, 2019

HIPAA Privacy Rights

North Texas Family Health is required by applicable federal and state law, including the Health Insurance Portability Accountability Act of 1996 (HIPAA), to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

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 new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes.

We may use and disclose medical information about you for the following purposes; treatment, payment and health care operations.

Treatment: We may use your medical information to treat you or disclose your medical information to a physician or other health care provider providing treatment to you.

Payment: We may use and disclose your medical information to obtain payment for services we provide you.

Health Care Operations:

We may use and disclose your medical information in connection with the normal course of operating our practice. Health care operations may also include quality assessment activities, performance evaluations, conducting training, programs, accreditation certification, licensing or credentialing activities.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. Any other uses and disclosures of your medical information will only be made with your written authorization or in response to legal requirements such as disaster relief, court orders, suspected abuse, neglect, domestic violence, or in certain instances affecting national security.

You have the following rights with respect to your protected health information which you may exercise by written request using the contact information at the end of this notice: The right to request additional restrictions on the use or disclosure of your medical information.

We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement which must be in writing. The right to inspect and copy your protected health information. The right to request amendments to your protected health information. The right to receive an accounting of disclosures of your personal health information for other than treatment, payment health care operations or pursuant to other authorized disclosures as stated above.

If you are concerned that we have violated your privacy rights, or you disagree with a decision we have made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may contact 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.

North Texas Family Health

www.notexfh.com

Patient Signature: _____ Date: _____