

6 F 5 7 ? 9 B ' A 9 B H 5 @ < 9 5 @ H < '

' & \$ \$ ' G c i H Y f b ' 8 f " , % \$ +

; U f ` U b X ž H I ' + ) \$ ( ' '

**FEE SCHEDULE ' 5 B 8 ' D C @ 7 M ; I = 8 9**

**SERVICE**

**FEE**

Psychiatric Evaluation.....	\$300.00
Follow-Up .....	\$150.00
Missed Appointment.....	\$75.00
Refills.....	\$20.00
Forms/Letters (per page).....	\$15.00
Records.....	\$25.00
(per page after 25).....	\$0.50

# Notice of Appointment Policies

This notice outlines Bracken Psychiatric Services policies concerning appointments. Please review it carefully.

## Scheduling Appointments:

It is the patient/guardians responsibility to schedule the next appointment before leaving the office. The next available appointment is generally around four weeks.

Insurance/Medicaid cannot be billed if the patient is not present for the appointment. If a parent wishes to come in without the child, cash payment is expected upon arrival. The Doctor will still need to see the child within the recommended time or before changing medications.

Overbooking is for emergencies only. **We cannot overbook for missed or overdue appointments.** Exceptions may be made for foster families who already have appointments but need to bring in a new child.

## Missed Appointments:

Missed Appointments are defined as:

1. No Show: The patient does not come in for a scheduled appointment. You are responsible for keeping the appointment even if you did not receive a reminder call.
2. Same day cancellations: Cancellations with less than 24 business hours notice. This may not apply to children in foster care who have recently changed placements but please call to cancel so that we may use that time for others.
3. Late for appointment: Most appointments are only 15 minutes long. If you are 15 or more minutes late, you have missed your appointment. You may be asked to reschedule. If we can work you in, we will not count this as a missed appointment but the wait may be extensive.

## Termination of the Doctor-Patient Relationship:

A repeated pattern of failure to keep scheduled visits is an indication that the relationship between Bracken Psychiatric Services and the patient/parent is not conducive to delivery of quality care to that patient and that the patient needs to find another psychiatrist.

**After three missed appointments**, you will be notified by mail that, after 30 days from the date of the letter, the patient will not be seen again by Bracken Psychiatric Services.

If the patient is a minor child, this will apply only to the guardian/parent who was responsible for the missed appointments. If the child changes placement, he/she will again be seen by Bracken Psychiatric Services.

# Notice of Prescription Policies

This notice outlines Bracken Psychiatric Services policies concerning prescriptions. Please review it carefully.

## **Medication Refills Between Appointments:**

Bracken Psychiatric Services will write the original RX with enough refills to last until time for the next appointment. Before calling our office, please check the RX bottle for the number of refills remaining and/or call the pharmacy. Even if there are no refills remaining on the bottle, there may be a new RX on hold at the pharmacy. Unfortunately, the pharmacies sometimes overlook the number of refills when the original RX is turned in. Check the new bottles before leaving the pharmacy.

Stimulants such as Adderall and Concerta cannot be refilled or called in. If you need a new RX for a stimulant before the next appointment time, you must call our office.

Refills are best requested by the pharmacy via fax. Please do not request a full refill just before your appointment as the medications may be changed.

**Refills may be denied if the appointment has been missed or is overdue!**

## **Replacement of Lost or Expired RX:**

### **Replacement RX Fees:**

There is a **\$20.00** fee for all written refills. This fee applies to each patient but will cover all the necessary RX for that patient at that time. If you ask the pharmacy to call/fax for a refill after you have been given a new RX, it is considered a replacement RX and the **\$20.00** fee will apply.

### **Expired RX:**

If an RX for a controlled substance has expired (twenty one days for category-2 substances such as stimulants), the RX must be returned to our office with a \$20.00 fee before a replacement will be written.

## **Medication Changes Between Appointments:**

With the exception of an emergency or significant side effects, please do not ask the Doctor to change medications based on a telephone conversation. This is not conducive to good patient care. Changes may be made at the next appointment time.

## **An emergency is defined as one of the following:**

1. Imminent danger to self or others
2. Pt. needing inpatient hospitalization in a psychiatric facility.
3. Significant medication side effects.

# Bracken Mental Health

## NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: 09.21.2013

**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.**

### UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

### YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment and health care operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
5. **Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
  - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
  - is not part of your medical or billing records;
  - is not available for inspection as set forth above; or
  - is accurate and complete.In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.
6. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:
  - to carry out treatment, payment and health care operations as provided above;
  - to persons involved in your care or for other notification purposes as provided by law;
  - to correctional institutions or law enforcement officials as provided by law;
  - for national security or intelligence purposes;
  - that occurred prior to the date of compliance with privacy standards (April 14, 2003);
  - incidental to other permissible uses or disclosures;
  - that are part of a limited data set (does not contain protected health information that directly identifies individuals);
  - made to patient or their personal representatives;
  - for which a written authorization form from the patient has been received
7. **Revoke your authorization to use or disclose health information** except to the extent that we have already been taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.
8. **Receive notification if affected by a breach of unsecured PHI**

## HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

**Treatment:** We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

**Payment:** We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

**Regular Healthcare Operations:** We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

**Appointment Reminders:** We may use and disclose protected health information to contact you to provide appointment reminders.

**Treatment Alternatives:** We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you

**Health-Related Benefits and Services:** We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

**Business Associates:** There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Worker's Compensation:** We may release protected health information about you for programs that provide benefits for work related injuries or illness.

**Communicable Diseases:** We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose protected health information to federal or state agencies that oversee our activities.

**Law Enforcement:** We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

**Military and Veterans:** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

**Lawsuits and Disputes:** We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

**Abuse or Neglect:** We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Fund raising:** Unless you notify us you object, we may contact you as part of a fund raising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fund raising material you receive.

**Coroners, Medical Examiners, and Funeral Directors:** We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

**Public Health Risks:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

**Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Food and Drug Administration (FDA):** As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Research (inpatient):** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

## OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our patient/customer services or benefits, the new notice will be posted on that Web site.

Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) most uses and disclosures of psychotherapy notes (ii) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of your health information; and (iv) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

## FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Michael Bracken, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Bracken Mental Health or with the Secretary of the Department of Health and Human Services or Texas Attorney General's office. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

<b>U.S. Department of Health and Human Services</b> Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 <a href="http://www.hhs.gov/contacts">http://www.hhs.gov/contacts</a>	<b>Office of the Texas Attorney General Consumer Protection Division</b> PO Box 12548 Austin, TX 78711-2548 Tel: (512) 463-2100 Toll Free: (800) 252-8011 <a href="https://www.oag.state.tx.us/forms/cpd/form.php">https://www.oag.state.tx.us/forms/cpd/form.php</a>	<b>Bracken Mental Health</b> Michael Bracken 3200 Southern Dr. #107 Garland, TX 75043 PH: 972 278 5385 FAX: 972 692 8687
--	--	---

## NOTICE OF PRIVACY PRACTICES AVAILABILITY

This notice will be prominently posted in the office where registration occurs. You will be provided a hard copy, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site: [www.BrackenMentalHealth.com](http://www.BrackenMentalHealth.com) for downloading.

## **BRACKEN MENTAL HEALTH POLICIES FOR PATIENT RIGHTS**

<b>Category:</b> HIPAA Privacy	<b>Approved:</b> 09.21.2013
<b>Policy #:</b>	<b>Effective:</b> 09.21.2013
<b>Version:</b> 1.0	<b>Revised:</b>

### **INTRODUCTION**

Under HIPAA, patients are guaranteed certain rights and protections for their privacy, regarding certain information we maintain about them.

### **POLICIES AND PROCEDURES**

#### ELECTRONIC HEALTH RECORDS

1. Patients have the right to obtain access to their PHI contained in an electronic health record, (as well as PHI contained in MS Word, Excel, PDF, HTML, plain text and other formats), and to direct us to send a copy of their electronic health record to a third party.
2. If a patient requests an electronic copy of PHI that is maintained electronically in one or more designated record sets, we must provide the individual with access to the electronic information in the electronic form and format requested by the individual, if that is readily producible, or if not, in an electronic form and format as agreed to by us and the individual, such as MS Word, Excel, text, HTML or text-based PDF.
3. Patients have the right to receive an accounting of disclosures of electronic health records including those for treatment, payment, and healthcare operations during the three year period preceding the request.
4. The above rights for electronic health records are effective January 1, 2014. For electronic health records acquired after January 1, 2009, the rights are effective January 1, 2011.

#### RIGHT TO INSPECT AND COPY

1. Patients have the right to inspect and obtain a copy of their designated record set. A Designated Record Set is simply protected health information records that are used, in whole or in part, to make decisions about patients, their treatment, or billing for services rendered. For many practices, this mainly includes medical and billing records for a patient.
2. Patients wishing to inspect and/or copy their designated record set must submit their request in writing to the Privacy Officer at our mailing address. Patients will be informed in the Notice of Privacy Practices of the requirement that a request for access be in writing.
3. Patients may be denied access for the following reasons:
  - a. Access is reasonably likely to endanger the life or physical safety of the patient or another person
  - b. The information requested constitutes Psychotherapy notes
  - c. The information requested was compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding
  - d. The information is subject to (and access is denied under applicable provisions) or exempted from the Clinical Laboratory Improvements Amendments of 1988 (CLIA)
  - e. As an inmate, the patient's access can be denied by a correctional institution or us, as a provider acting under the direction of a correctional institution, if such access would

- jeopardize the health, safety, security, custody or the rehabilitation of the patient or other inmates, or the safety of any officer, employee or other person at the correctional institution or responsible for the patient's transportation
- f. The information was obtained in the course of research that includes the patient's treatment and access will be denied while research is in progress
  - g. The information requested that is also subject to the Privacy Act, 5 U.S.C. 552a.
  - h. The requested PHI was obtained from someone other than a health care provider under a promise of confidentiality and such access would be reasonably likely to reveal the source of the information
4. We will respond within thirty (30) calendar days to any written request for access to PHI. If additional time is required to satisfy the request, we will request an extension from the patient in writing. After that, we will have an additional 30 calendar days to fulfill the request.
  5. Denials for access will be communicated via a written letter to the address specified by the patient.
  6. If access is granted a copy of the patient's requested PHI will be made available for the patient to review or will be mailed to an address designated by the patient.
  7. Patients have the right to inspect and obtain a copy of our Notice of Privacy Practices which documents our use and disclosure practices.
  8. If Patients request a copy of their PHI, we will charge a reasonable cost-based fee for the costs of copying, mailing or other supplies associated with the request. The fee schedule is based on our costs for copy supplies and labor costs for copying. We currently charge \$0.\_\_\_\_\_ per page for copies plus the actual cost of postage for mailing. For faxing documents, we charge \$0.\_\_\_\_\_ per page for the cost of fax supplies and telephone line costs.
  9. We will notify the patient of the cost involved and the patient may choose to withdraw or modify the request at that time before any costs are incurred.
  10. Patients must pay the fee in full before they can obtain a copy of the information; however, patients have a right to inspect their PHI without paying any fee.
  11. The Notice of Privacy Practices is required to be provided during the first encounter with the patient.
  12. The Notice of Privacy Practices must always be available upon request.
  13. The Notice of Privacy Practices will be posted in the place where services are provided.
  14. The Notice of Privacy Practices will be placed on this practice's web site .
  15. When the Notice of Privacy Practices is revised, the revised copy will be posted and available upon request.

#### RIGHT TO AMEND

1. If the patient feels that the information we have about them in their designated record set is incorrect or incomplete, they may ask us to amend the information. A Designated Record Set is simply protected health information records that are used, in whole or in part, to make decisions about patients, their treatment, or billing for services rendered. For many practices, this mainly includes medical and billing records for a patient.
2. Patients have the right to request an amendment for as long as the information is kept.
3. To request an amendment, the patient request must be made in writing and submitted to the Privacy Officer at our mailing address. The patient should include the reason that supports the request. Patients will be informed in the Notice of Privacy Practices of the requirement that an amendment request be in writing.



4. A written response will be mailed to the patient within sixty (60) calendar days on the disposition of their amendment request. If additional time is needed, this practice will inform the patient within the sixty (60) days in writing of the delay, the reason for the delay, and the date the accounting will be provided that will be no later than 90 days from the original request.
5. If the amendment request is accepted by this practice we will:
  - a. Add the amendment to the patients PHI
  - b. Inform the patient that the amendment was accepted
  - c. Ask the patient in writing to identify entities that should be notified of the amendment
  - d. Obtain the patient's permission to contact those entities
  - e. This practice will make a reasonable effort to inform entities, including business associates, to whom we have disclosed the information and who could be predicted to use the information to the extent that the patient agrees that we may notify these entities
6. We may deny a patient's request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny a patient's request if they ask to amend information that:
  - a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - b. Is not part of the designated record set kept by our office
  - c. Is not part of the designated record set which they would be permitted to inspect and copy (see item 2 previous section); or
  - d. Is accurate and/or complete
  - e. The information constitutes psychotherapy notes
7. If the amendment request is denied by this practice we will:
  - a. Provide a written denial notice within sixty (60) calendar days
  - b. Permit the individual to submit a written statement disagreeing with the denial and to give the basis for the disagreement
  - c. May write a rebuttal to the disagreement and provide a copy of the rebuttal to the patient
  - d. Will append the following to the record containing the disputed information:
    - Request for amendment
    - Denial of amendment
    - Statement of disagreement
    - Written rebuttal
8. This practice will include in any subsequent disclosure of the PHI contained in the disputed record:
  - a. The request for amendment that was submitted by the patient (or an accurate summary of the request)
  - b. The denial of request for amendment
  - c. Any statement of disagreement (or an accurate summary of the statement) submitted by the patient
  - d. This practice's rebuttal of the statement of disagreement

#### RIGHT TO AN ACCOUNTING OF DISCLOSURES

1. Patients have the right to request an "accounting of disclosures." This is a list of the disclosures we made of PHI about the patient, that were not made to the patient, pursuant to an authorization by the patient, was not an incidental disclosure or part of a limited data set (data that does not include directly identifiable information), used for research, used for public health purposes, to persons involved in the patient's care, for national security or intelligence purposes, to correctional institutions or law enforcement, for treatment, payment or health care operations, or for

disclosures made prior to the date of compliance with privacy standards.

An incidental use or disclosure is described as a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. Such incidental uses or disclosures are not considered a violation of the Privacy Rule provided that the covered entity has met the reasonable safeguards and minimum necessary requirements. For example, if these requirements are met, doctors' offices may use waiting room sign-in sheets, hospitals may keep patient charts at bedside, doctors can talk to patients in semi-private rooms, and doctors can confer at nurse's stations without fear of violating the rule if inadvertently overheard by a passerby.

2. Disclosures and requests for an accounting of disclosures will be tracked in the Log of PHI Disclosures form that will be maintained in the patients file.
3. To request an accounting of disclosures, the patient must submit a request in writing to the Privacy Officer at our mailing address. Patient request must state a time period that may not be longer than six years.
4. Patient request should indicate in what form they want the list (for example, on paper, electronically). The first list they request within a 12-month period will be free. We will charge the patient a reasonable cost-based fee for providing any additional lists within a 12 month period. The fee schedule is based on our costs for copy supplies and labor costs for preparation of the accounting. The estimated cost for the second accounting within a 12 month period will be calculated prior to preparing the accounting.
5. We will notify the patient of the cost involved and the patient may choose to withdraw or modify their request at that time before any costs are incurred.
6. Patients must pay the fee in full before they can obtain the requested accounting
7. This practice will respond to requests for accounting disclosures within sixty (60) calendar days.
8. If additional time is needed, this practice will inform the patient within the sixty (60) days in writing of the delay, the reason for the delay, and the date the accounting will be provided that will be no later than 90 days from the original request.

#### RIGHT TO REQUEST RESTRICTIONS

1. Patients have the right to request us to not disclose PHI to a health plan for payment or health care operations if the patient has paid out of pocket for the service.
2. Patients have the right to request a restriction or limitation on the PHI we may use or disclose about them for treatment, payment or health care operations. They also have the right to request a limit on the PHI we disclose about them to someone who is involved in their care or the payment for their care.
3. Other than the request for not disclosing to a health plan if the patient has paid out of pocket for the services, we are not required to agree to the patient's request for restriction. If we do agree, we will comply with the request unless the information is needed to provide the patient emergency treatment.
4. To request restrictions, the patient must make their request in writing to the Privacy Officer at our mailing address.
5. Each request must state the following:
  - a. What information the patient wants to limit
  - b. Whether the patient wants to limit our use, disclosure or both
  - c. To whom the patient wants the limits to apply

6. If the Privacy Officer agrees to the restrictions, the request with an approval stamp will be attached to the front of the patient's file to allow anyone using or disclosing the patient's PHI to see the restrictions.
7. The Privacy Officer is authorized to agree to such restrictions on the practice's behalf.
8. This practice may terminate its agreement to restrict the uses and disclosures of an individual's information under the following conditions:
  - a. If the individual agrees to or requests the termination in writing;
  - b. If the individual orally agrees to the termination and the oral agreement is documented;
  - c. If the covered entity informs the individual that it is terminating the agreement, but the termination is only effective with respect to PHI created or received after the termination notification date.
9. In the event this practice believes that a use or disclosure of restricted PHI is necessary for emergency treatment, the covered entity may use or disclose the PHI to provide such treatment. If PHI is disclosed to a health care provider for emergency treatment, the practice will request that the health care provider not further disclose the PHI.
10. Any agreement to restrict PHI must be retained for a period of six (6) years from the date of its creation or from the date it was last in effect, whichever is later.

#### RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

1. Patients have the right to request that we communicate with them in a certain way or at a certain location.
2. To request confidential communications, patients must make their request in writing to the Privacy Officer.
3. We will not ask the patient the reason for the request.
4. We will accommodate all reasonable requests.
5. Patients must specify how or where they wish to be contacted.
6. The request with an approval stamp will be attached to the front of the patient's file to allow anyone communicating with the patient to see and honor the request for confidential communication.

## **Questions and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Michael Bracken  
3200 Southern Drive, Suite 107  
Garland, TX 75043-1549  
Phone: 972-278-5385  
Fax: 972-692-8687

This notice is effective 9/21/13