

LYMPHEDEMA & WOUND CARE INSTITUTE

Notice of Privacy Practices

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

- ❖ We may use and disclose medical and billing information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods).
- ❖ We may use or disclose medical and billing information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out protected health information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, workers' compensation purposes, or during emergencies. We may also disclose protected health information when required by law, such as in response to a request from law enforcement officials in specific circumstances, or in response to valid judicial or administrative orders.
- ❖ We may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you, or to support fund-raising efforts.
- ❖ We may disclose medical and billing information about you to a friend or family member who is involved in your medical care or to disaster relief authorities so that your family can be notified of your location and condition.

OTHER USES OF MEDICAL INFORMATION:

- ❖ In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing your protected health information. If you choose to authorize our use or disclosure of your protected health information, you can later revoke that authorization by notifying us in writing of your decision.

YOUR RIGHTS REGARDING PERSONAL MEDICAL INFORMATION:

- ❖ In most cases, you have the right to look at or obtain a copy of medical and billing information contained in the designated record set that we use to make decisions about your care. If you request copies, we may charge a fee for the cost of copying, related supplies or postage. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- ❖ If you believe that information in your designated record set is incorrect or that important information is missing, you have the right to submit a written request that we correct the records. We could deny your request to amend a record if the information was not created by us, if it is not part of the medical or billing information maintained by us, or if we determine that the record is accurate. You may appeal, in writing, a decision by us to not amend a record.
- ❖ You have the right to a list of those instances where we have disclosed medical and billing information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure. When you submit a written request, the request must state the time period desired for the accounting, which must be less than a six (6)-year period and starting after March 22, 2004. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period will be provided to you at no cost; other requests will be charged in accordance with our cost to produce the list. We will inform you of the cost before you incur any changes.
- ❖ You have the right to request that your medical and billing information be communicated to you in a confidential matter, such as sending mail to an address other than your home. You must notify us in writing of the specific way or location for us to use to communicate with you.
- ❖ You may request, in writing that we not use or disclose protected health information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, or when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision.

All written requests or appeals should be submitted to our Administrative Officer attention Shanna McKinley. If you have any questions, please contact our Administrative Officer Shanna McKinley at the address or phone number on this notice.

WHO WILL FOLLOW THIS NOTICE?

Lymphedema & Wound Care Institute provides health care to our patients in partnership with physicians and other professionals and organizations. The information privacy practices in this Notice will be followed by:

- ❖ Any health care professional who treats you at our locations; all departments and units of our organization including the medical staff and other credentialed health care providers of the medical staff
- ❖ All employed associates, staff or any business associate with whom we share health information

OUR PLEDGE TO YOU

We understand that medical and billing information about you is personal. We are committed to protecting the privacy of your medical and billing information. We create a designated record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or Notices regarding the doctor's use and disclosure of your medical and billing information created in the doctor's office. We are required to:

- ❖ Keep medical and billing information about you private
- ❖ Give you this Notice of our legal duties and privacy practices with respect to your protected health information
- ❖ Follow the terms of the Notice currently in effect

COMPLAINTS

- ❖ If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Administrative Officer at this office.
- ❖ Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our office will provide you with the address upon request. Under no circumstances will you be penalized or retaliated against for filing a complaint.

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