



ARTHRITIS & OSTEOPOROSIS CLINIC OF BRAZOS VALLEY

1725 Birmingham Dr., Ste. 200, College Station, TX 77845 · (979) 696-8000 · (979) 696-8100 fax

Board Certified in Rheumatology

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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.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires us to provide our patients with a notice of our privacy practices. When you receive treatment or benefits from Arthritis & Osteoporosis Clinic of Brazos Valley (AOCBV), we receive, create, and maintain information about your health, treatment, and payment for services. This notice describes how your protected health information (PHI) may be used and disclosed. This notice also describes our duties to protect that information, your rights as a patient regarding your PHI, and who to contact if you believe your privacy rights have been violated. We will not use or disclose your information without your written authorization (permission) except as described in this notice.

Use and Disclosure:

Your provider, the office staff of AOCBV, and others involved in your care and treatment outside of our office may collect, use and disclose your PHI via fax, telephone and secure email. AOCBV will make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. AOCBV may disclose your PHI to other doctors, hospitals, pharmacies, or surgical or diagnostic facilities for the purpose of diagnosing or treating you; to insurance and third party payers for the purpose of obtaining payment for your health care bills; and to business associates we have contracted to perform services such as transcription, billing, collections, appointment reminder, and answering services. For example, AOCBV may share or use your health information with your health plan to obtain payment for services or using your health information to determine your eligibility for government benefits in a health plan. AOCBV may contact you and leave messages for you with appointment reminders and health-related treatment alternatives and services that may interest you. In addition, AOCBV may share or use your health information with a third party to continue care and treatment as directed by the provider.

We may use and disclose your health information without your authorization for treatment, payment, and health care operation purposes. Examples include but are not limited to:

- Using or sharing your health information with other health care providers involved in your treatment or with a pharmacy that is filling your prescription.
- Using or sharing your health information with your health plan to obtain payment for services or using your health information to determine your eligibility for government benefits in a health plan.
- Using or sharing your health information to run our business, to evaluate provider performance, to educate health professionals, or for general administrative activities.

We may share your health information with our business associates who need information to perform services on our behalf and agree to protect the privacy and security of your health information according to agency standards.

We may use or share your health information without your authorization as authorized by law for our patient directory, to family or friends involved in your care, or to a disaster relief agency for purposes of notifying your family or friends of your location and status in an emergency situation.

We may use and disclose your health information without your authorization to contact you for the following activities, as permitted by law and agency policy: providing appointment reminders; describing or recommending treatment alternatives; providing information about health related benefits and services that may be of interest to you; or fundraising.

We may also use and disclose your health information without your authorization for the following purposes:

- For public health activities such as reporting diseases, injuries, births or deaths to a public health authority authorized to receive this information, or to report medical device issues to the FDA;
- To comply with workers compensation laws and similar programs;
- To alert appropriate authorities about victims of abuse, neglect, or domestic violence; if the agency reasonably believes you are a victim of abuse, neglect, or domestic violence we will make every effort to obtain your permission, however, in some cases we may be required or authorized to alert authorities;
- For health oversight activities such as audits, investigations, and inspections of DSHS facilities;
- For research approved by an Institutional Review Board or privacy board; for preparing for research such as writing a research proposal; or for research on decedents information;
- To create or share de-identified or partially de-identified health information (limited data sets);
- For judicial and administrative proceedings such as responding to a subpoena or other lawful order;
- For law enforcement purposes such as identifying or locating a suspect or missing person;
- To coroners, medical examiners, or funeral directors as needed for their jobs;
- To organizations that handle organ, eye or tissue donation, procurement, or transplantation;
- To avert a serious threat to health or public safety;
- For specialized government functions such as military and veteran activities, national security and intelligence activities, and for other law enforcement custodial situations;
- For incidental disclosures such as when information is overheard in a waiting room despite reasonable steps to keep information confidential; and
- As otherwise required or permitted by local, state, or federal law

Additionally privacy protections under state or federal law apply to substance abuse information, mental health information, certain disease-related information or genetic information. We will not use or share these types of information unless expressly authorized by law. We will not use or disclose genetic information for underwriting purposes.

We will always obtain your authorization to use or share your information for marketing purposes, to use or share your psychotherapy notes, if there is payment from a third party, or for any other disclosure not

described in this notice or required by law. You have the right to cancel your authorization, except to the extent that we have taken action based on your authorization. You may cancel your authorization by writing to the privacy officer listed below

Your Privacy Rights:

Although your health record is the property of AOCBV, you have the right to:

- Inspect and copy your health information, including lab reports, upon written request and subject to some exceptions. We may charge you a reasonable, cost-based fee for records as permitted by law.
- Receive confidential communications of your health information, such as requesting that we contact you at a certain address or phone number. You may be required to make the request in writing with a statement or explanation for the request.
- Request amendment of your health information in our records. All requests to amend health information must be made in writing and include a reason for the request.
- Request an accounting (a list) of certain disclosures of your health information that we make without your authorization. You have the right to receive one accounting free of charge in any twelve-month period.
- Request that we restrict how we use and disclose your health information for treatment, payment, and health care operations, or to your family and friends. We are not required to agree to your request, except when you request that we not disclose information to your health plan about services for which you paid with your own money in full.
- Obtain a paper copy of this notice upon request.

You may make any of the above requests in writing to the AOCBV to the privacy officer or DSHS. You can reach DSHS at 512-776-7111 or by email at hippa.privacy@dshs.texas.gov.

Our Duties:

We are required to provide you with notice of our legal duties and our privacy practices with respect to your health information. We must maintain the privacy of information that identifies you and notify you in the event your health information is used or disclosed in a manner that compromises the privacy of your health information.

We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the revised notice effective for all health information that we maintain. We will post revised notices on our public website at www.aocbv.com and in waiting room areas. You may request a copy of the revised notice at the time of your next visit.

Complaints:

If you feel that your rights have been violated:

- You may file a complaint by contacting our privacy officer: Kim Zapata by mail at 1725 Birmingham Road Suite 200 College Station, TX 77845; by telephone at (979) 696-8000.
- You may also file a complaint by contacting the Office for Civil Rights, Region VI, U.S. Department of Health and Human Services, by mail at 1301 Young St., Suite 1169, Dallas, TX 75202; by telephone at (800) 368-1019, (214) 767-0432 (fax), or (800) 537-7697 (TDD). You can also visit <https://www.hhs.gov/ocr/privacy/hipaa/complaints>.

We will not retaliate against you for filing a complaint.



ARTHRITIS & OSTEOPOROSIS CLINIC OF BRAZOS VALLEY
Acknowledgement of Review of Notice of Privacy Practices

I acknowledge that I have had the opportunity to review the Arthritis & Osteoporosis Clinic of Brazos Valley's Notice of Privacy Practices. This document explains how my medical information will be used and disclosed. I understand that diagnosis or treatment of me by my physician may be conditional upon my consent as evidenced by my signature on this document. I understand that I am entitled to receive a copy of this document. I am aware that copies are available in the lobby of the Arthritis and Osteoporosis Clinic of Brazos Valley and online at www.aocbv.com.

Signature of Patient or Personal Representative

Date

Print Patient or Personal Representative's Name

Date