**TruMed Family Clinic**

**NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED/ DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY; THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.***

**OUR LEGAL DUTY**

We are required by all applicable federal and state laws to maintain the privacy of your health information. We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on August 1, 2010 and will remain in effect until it is replaced.

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 health information that we maintain, including but not limited to health information we created or received before any changes were made. Prior to making any significant changes in our privacy practices, we will change this Notice and make the new notice available upon request.

You may request a copy of this privacy notice at any time. For more information about our privacy practices or for additional copies of this of this notice, please contact us using the information listed at the end of this notice.

**USES AND DISCLOSURE OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment and health care operations in accordance with applicable laws in the following ways:

**Treatment:** We may use or disclose your healthcare information to any healthcare provider involved in your care; including but not limited to Physicians, nurses, pharmacists, therapists, law enforcement.

**Your Authorization:** In addition to use of your health information for treatment, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you provide us with an authorization and wish to revoke it, you have a right to do so at any time in writing. Your revocation will not affect any use/disclosures permitted by your

authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reasons except those described in this notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to assist with your health care or with payment for your health care, but only with your consent can we do so.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualification of health professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may disclose your protected health information to students that see patients at our facility. We also use a sign in sheet at the registration desk; we may also call you by name in the waiting room when the provider is ready to see you. We may use your protected health information to contact you to remind you of your appointment.

We will share your information with third party business associates that render services such as billing for the practice. Whenever an arrangement between our office and a third party involves disclosure of your protected health information, we will have a written contract that that will protect the privacy of your protected health information.

**Payment:** We may use and disclose your protected health information to obtain payment for services we render to you. This may include certain activities that your health insurance plan may undertake before or after it approves or pays for the health care service we recommend for you such as: making a determination of eligibility of coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the organization to obtain approval for the hospital admission.

**Persons Involved in Care:** We may use and disclose health information to notify or assist in the notification of a family member, your personal representative or another person responsible for your care, of location, or your general condition or death. If you are present, then prior to use or disclosure of your protected health information, we will provide you with an opportunity to approve or object of such uses or disclosures. In the event of your incapacitation or in emergent circumstances, we will disclose your health information based on a determination using our professional judgment, disclosing only information that is directly relevant to the person’s involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other forms of health information.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practical after the delivery of treatment. If a provider in the practice is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still disclose or use your protected health information to treat you.

**Communication Barriers:** We may use and disclose your protected health information if your provider attempts to obtain consent from you and is unable to do so, due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent or use to use or disclosure under the circumstances.

**Marketing Health Related Services:** We will not use your protected health information for marketing services without your written consent.

**Required by Law:** We may use your protected health information when required to do so by law.

**Abuse or Neglect:** We may disclose your protected health information to appropriate authorities if we reasonably believe you are a possible victim of abuse, neglect, domestic violence or other crimes. We may disclose your protected health information to avert any serious threat to your safety or health or safety of others.

**National Security:** We may disclose to military authorities the protected health information of members of the armed forces under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may also disclose health information to correctional institutions or law enforcement officials having lawful custody of an inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders including but not limited to voicemail, postcards or letters.

**Public Health:** We may disclose your protected health information for public health activities and purposes to public health authorities that are permitted by law to collector receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by a public health authority, to a foreign health agency that is working in collaboration with the public health authority.

**Communicable Diseases:** We may disclose your protected health information if authorized by law, to a person who may have been exposed to a communicable disease or may have otherwise been at risk for contracting the disease or spreading the condition.

**Health Oversight:** We are obliged to disclose protected health information to an oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include: government agencies, government benefits programs, other government regulatory programs and civil rights agencies.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the food and drug administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements or to conduct post marketing surveillance as required.

**Legal Proceedings:** We may also disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Coroners, Funeral Directors, Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. Such information may be disclosed in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

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

**Criminal Activity:** In consistency with applicable federal and state laws, we may disclose your protected health information, if we have reasonable belief that use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Workers Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers’ compensation laws and other similar legally established programs.

**Required Uses and Disclosure:** Under the law, we must make disclosures to you and when required by the secretary of the department of Health and Human services to investigate or determine our compliance with the requirements of 45 CFR Section 164.500 et. Seq.

**PATIENT RIGHTS**

**Access:** You have the right to look at or receive copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. The format you request will be used when practicable. You are required to make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as staff time and copies; we will charge you $15.00 per hour for staff time to locate and copy your health information and $0.50 for each page. We will also charge you for postage if you want the copies mailed to yourself. Should you request an alternative format, we will charge a cost based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee schedule.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclose your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 2 years, but not before August 2010. If you request this accounting more than once in a 12 month period, we may charge a reasonable cost-based fee for responding to these additional requests.

**Restrictions:** You have a right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our written agreement signed by you and us (except in emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You are required to make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended). We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this notice on our website or by electronic mail, you are entitled to receive this notice in written form.

**QUESTIONS AND COMPLAINTS**

If you need more information about our Privacy Practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or alternative locations, you may submit a complaint to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way should you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Judy Udabor, FNP-C**

**TruMed Family Clinic**

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