

# **Southlake Neurology and Neurophysiology Clinic (SNN)**

## **HEALTH INFORMATION PRACTICES**

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**

This notice describes the practices of SNN clinic and that of its physician with respect to your protected health information (PHI) created while you are a patient at SNN. SNN physician and personnel authorized to have access to your medical chart are subject to this notice. In addition, SNN physician may share medical information with other physician for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at SNN. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you: This notice applies to all of the records of your care at SNN.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **Your Health Information Rights**

Although your health record is the physical property of Southlake Neurology and Neurophysiology clinic (SNN), the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction;
- Obtain a paper copy of this notice of information practices;
- Inspect and request a copy of your health record as provided by law;
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record;
- Obtain an accounting of disclosures of your health information as provided by law;
- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable requests; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance on your authorization.
- You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of the notice, to the Office Manager at Southlake Neurology and Neurophysiology clinic, 321 West Southlake Blvd, Suite 160, Southlake, Texas 76092

### **Our Responsibilities**

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures;
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at SNN. The revised notice will also be posted at SNN office and on the web page at [www.southlakeneurology.com](http://www.southlakeneurology.com)
- We will not use or disclose your health information without your written authorization, except as described in this notice.

**Examples of Disclosures for Treatment, Payment, Health Care Operations and As Otherwise Allowed By Law.**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories.

*We will use your health information for treatment.*

**For example:** We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you at SNN. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent health-care provider with copies of various reports to assist in treating you after you are seen at SNN clinic

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*Communications for treatment and health care operations:* 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.

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

*Worker's compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

*Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Judicial, administrative and law enforcement purposes:* Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes.

*Required or allowed by law:* We will disclose medical information about you when required or allowed to do so by federal, state or local law.

**For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the SNN Office: (817) 421-2905

If you believe your privacy rights have been violated, you can file a complaint with the SNN Office of HIPAA Compliance or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**EFFECTIVE DATE: 05/01/07 VERSION: 1**