

## HIPPA NOTICE

This notice describes how we may use and disclose your medical information and how you can access this information. Please review this notice carefully.

Once you sign the consent for Texas Familicare Medical Group, we may use and disclose your medical information to treat you, to obtain payment and to operate the practice.

Examples of use and disclosures for treatment:

- \*If the physician or nurse practitioners at the refers you for cardiac stress test and needs to call the cardiologist for results, the nurse practitioner or physician may give your name and the reason for ordering the stress test to the cardiologist's office.
- \*A nurse practitioner or physician at the practice may call you to advise you of treatment alternatives.

Examples of use and disclosures to obtain payment:

- \*The practice's billing office may submit a claim form that contains your name, address, social security number, diagnoses and procedures performed in our office, to your insurance company.

Examples of use and disclosures to operate the practice:

- \*The practice's nurse practitioner and physician may audit (read and or comment upon) your chart to track and improve our performance in assuring that we perform screening test and immunizations on time.
- \*The practice's staff may leave a message on your telephone and ask you to return our call.
- \*The practice staff may mail you reminders of upcoming appointments.

The practice may use or disclose protected health information about you for other purposes, and without your consent, if the law requires us to disclose information to government authorities.

Examples of such uses or disclosures include:

- \*Suspected abuse and Infectious diseases

You have the following rights regarding your protected health information and the practice must act on your request within 60 days:

- \*You may request restrictions on certain uses and disclosures of protected health information, but we are not required to agree to a request restrictions.
- \*You may request that you receive confidential communication of protected health information.
- \*You may request that your information be amended.
- \*You may request a paper copy of this notice.

The law requires the practice to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices.

The law requires the practice to abide by the terms of this notice and to provide individuals with notice revisions.

You may complain to the practice or to the U.S. Department of Health & Human Services if you believe your privacy rights have been violated. File a complaint with the practice by writing to:

Texas Familicare Medical Group, 1725 Chadwick Court Ste. 100, Hurst Texas 76054.

No one will retaliate against you for filing a complaint.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date