

# Tomball Familicare

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Michael J. Whiteley, D.O.  
29214 Quinn Road  
Tomball, Texas 77375-4486

Phone (281) 351-4208  
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## **Tomball Familicare Notice of Privacy Practices**

This notice is effective in its entirety as of April 14, 2003.

**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.**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes the possible uses and disclosures of your protected health information and your privacy rights.

### **ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE:**

Your will be asked to provide a signed acknowledgment of receipt of the notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes how M. J. Whiteley, D.O. and associates, D.B.A. Tomball Familicare practices regarding your protected health information. For this notice, Tomball Familicare includes all employees, staff and other personnel working in the office. It also includes any volunteers, medical students or resident physicians under the supervision of Dr. Whiteley.

### **OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION:**

“Protected health information” is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and related to your past, present, or future physical or mental health or condition and related health care services. Tomball Familicare is required by law to do the following:

- Make sure that you protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is located at the top of the first page and at the bottom of the last page. We reserve the right to make the revised and changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by calling the office manager of Tomball Familicare at (281) 351-4208.

### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:**

The following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

#### **Required Uses and Disclosures**

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information the U.S. Department of Health and Hyman Services (DHHS) for investigations or determinations of our compliance with laws on the protection of you health information.

#### **Treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related service. This includes the coordination or management of your health care with a third party such as your health insurance company. We may disclose your protected health information from time-to-time to another physician such as a consulting physician. We may also disclose your protected health information to other health care providers (for example, a physical therapist, pharmacist, or laboratory) who, at the request of Dr. Whiteley or associate becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacist who may be

provided information of other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

### **Payment**

Your protected health information will be used, as needed for certain activities that Tomball Familicare might undertake in order to receive payment for the health care services provided to you or to get approval for a procedure or referral recommended by Dr. Whiteley or associates. This release of information may also be for the purpose of determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, utilization review and quality assurance review activities by a third party such as your insurance company or government agency.

### **Health Care Operations**

We may use or disclose, as needed your protected health information to support the daily activities related to health care. We may call you by name in the waiting room when Dr. Whiteley or associate is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you.

### **Required by Law**

We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability.

- Report births and deaths.

- Report child or adult abuse, neglect or violence.

- Report reactions to medications or problems with products.

- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

### **Communicable Disease**

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

### **Health Oversight**

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audit, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

### **Food and Drug Administration**

We may disclose your protected health information to a person or company required by the Food and Drug Administration of the United States Government to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.

- Track products.

- Enable product recalls.

- Make repairs or replacements.

- Conduct post-marketing surveillance as required.

### **Legal Proceedings**

We may disclose protected health information during any judicial or administrative proceeding, in response to a court or administrative tribunal, and in certain conditions in response to a subpoena, discovery, request, or other lawful process.

### **Law Enforcement**

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings.

- Information requests for identification and location of a crime.

- Circumstances pertaining to victims of a crime.

- Deaths suspected from criminal conduct.

- Criminal drug activities of any patient seen at Tomball Familicare.

- Crimes occurring at Tomball Familicare site.

- Medical emergencies (not on Tomball Familicare premises) believed to result from criminal conduct.

### **Coroners, Funeral Directors, and Organ Donations**

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaver organ, eye, or tissue donations.

### **Research**

We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by M. J. Whiteley, D.O. or associates, D.B.A. Tomball Familicare after review of the research proposal and established protocols to ensure the privacy of your protected health information.

### **Criminal Activity**

Under applicable federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and 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.

#### **National Security**

We may disclose your protected health information to authorized federal officials for national security activities as authorized by law.

#### **Military activity and Veterans**

If you are a current or past member of the U.S. or foreign armed forces, we may release your protected health information as required by military command authorities or Veteran affair authorities.

#### **Workers' Compensation**

We may disclose you protected health information to comply with workers' compensation laws and other similar legally established programs. Such Workers' Compensation related information may required release of protected personal information to your employer.

#### **Inmates**

We may use or disclose your protected health information if you are an inmate of a correctional facility and Tomball Familicare created or received your protected health information while providing your care.

#### **Parental access**

Texas statutory law concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the Texas laws and will make disclosure following such law.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION:**

In some circumstances, you have the opportunity to object to the use or disclosure of all of your protected health information.

#### **Individuals Involved in Your Health Care**

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in you health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose you protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in you health care.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION:**

You may exercise the following rights by submitting a written request to the office manager of Tomball Familicare. The Tomball Familicare office manager can guide you in pursuing these options. Please be aware that Tomball Familicare might deny your request, however, you may seek a review of the denial.

#### **Right to Inspect and Obtain a Copy**

You may inspect and obtain a copy of your protected health information that is maintained at Tomball Familicare. However Texas law allows physicians to charge a fee to cover the cost of personnel processing and coping medical records and to deny the service of coping records if the fee is not paid. This right does not include inspection and copying the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action to proceeding; and protected health information that is subject to law that prohibits access to protected health information.

#### **Right to Request Restrictions**

You have the right to ask that we limit how we use and disclose your protected health information. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

#### **Right to Request Confidential Communications**

You may request that we communicate with you using alternative means or at alternative locations. We will not ask you the reason for your request and we will accommodate reasonable requests, when possible.

#### **Right to Request Amendment**

You may believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as the records are being maintained by Tomball Familicare. You may request amendment by contacting the office manager of Tomball Familicare in writing stating the exact information you want amended. While we will accept the requests for amendment, we are not required to agree to the amendment.

#### **Right to an Accounting of Disclosures**

You may request that we provide you with an accounting of the disclosure we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. This disclosure must have been made after April 14, 2003, and no more that 6 years from the date of the medical services. This right excludes disclosures made to you, to family members or friends involved in you care, or for limitations as described earlier in this notice.

#### **Right to Obtain a Copy of the Notice**

You may obtain a paper copy of this notice form the receptionist or office manager of Tomball Familicare.

**COMPLAINT INFORMATION:**

If you believe these privacy rights have been violated, you may file a written complain with the Tomball Familicare office manager or the U.S. Department of Health and Human Services. No retaliation will occur against you for filing a complaint. You may contact the office manager of Tomball Familicare for further information about the complaint process, or for further explanation of the document by writing:

Michael J Whiteley, D.O.

or

Jeanell Whiteley (Office Manager)

29214 Quinn Road

Tomball, Texas 77375-4486

(281) 351-4208

\_\_\_\_\_  
**Signature of Patient or Legal Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to the Patient**

\_\_\_\_\_  
**Print Name of Legally Authorized Representative**

\_\_\_\_\_  
**Witness- Printed Name/Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient or Legally Authorized Representative Driver's Liscense/ID#** \_\_\_\_\_

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