

# **ORION MEDICAL**

## **NOTICE OF PRIVACY 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**

If you have any questions about this notice, please contact the Privacy Officer of our office at 713-943-2800, 5413 Crenshaw Rd., suite 400 Pasadena, TX 77505

**PURPOSE OF THIS NOTICE:** Orion Medical is required by law to maintain the privacy of your protected health information (PHI). This notice applies to all health care records created by and received at Orion Medical and tells you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

**WHO WILL FOLLOW THIS NOTICE:** This notice describes Orion Medical privacy practices and legal duties with respect to your PHI as well as the privacy practices of any member of a volunteer group that interacts with you while you are at Orion Medical and all employees, staff, students and personnel of Orion Medical. We are required by law to give you this notice and to make sure your PHI is kept private, to give you this notice of our legal duties and privacy practices with respect to your PHI, to follow the terms of this notice or any revised notice currently in effect, to train our personnel concerning privacy and confidentiality; and to mitigate any breach of the privacy of your medical information.

**UNDERSTANDING YOUR HEALTH RECORD:** Each time you visit a Orion Medical a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and plan of care or treatment. This information, often referred to as your health or medical record, serves as the following:

1. A basis for planning your current and any follow up care needed and a means of communication among the many health professionals who contribute to your care;
2. A legal document describing the care you received as well as a means by which you or a third-party payer can verify that services billed were actually provided;
3. A tool for educating health professionals, and a source of information for medical research;
4. A source of information for public health officials charged with improving the health of the nation and a tool for assessing and continually improving the care rendered and the results achieved; and
5. A source of information for facility planning and marketing

Understanding what is in your record and how your PHI is used helps you to ensure its accuracy, better understand why others may access your PHI, and make more informed decisions when authorizing disclosure of your PHI to others.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** The following categories describe different ways that Orion Medical may use and disclose your PHI. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose PHI fall within the categories below:

- **For treatment:** We may use health information about you to provide your medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescription to your pharmacy, scheduling tests, and X-rays. Family members and other healthcare providers may be part of your medical care outside this office and may require information about you that we have.
- **For Payment:** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or third party.
- **For Healthcare Operations:** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

- ***To business associates or treatment, payment and health care operations:*** We are permitted to disclose your PHI to our business associates, who provide services to Orion Medical in order that we may carry out our treatment, payment or health care operations. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf.
- ***Appointment Reminders:*** We may contact you as a reminder that you have an appointment for treatment or medical care at the office or hospital. The office staff will leave a message on the answering machine to remind you of the appointment.
- ***Test Results:*** We may contact you regarding test results and leave a message for you on your answering machine.
- ***Treatment Alternatives:*** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time.

If you do revoke your consent, we will not be permitted to use or disclose information for purposes of treatment, payment, or healthcare operations, and we may therefore choose to discontinue providing you with healthcare treatment and services.

### **SPECIAL SITUATIONS IN WHICH ORION MEDICAL MAY DISCLOSE YOUR PHI.**

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations.

- ***To Avert a Serious Threat to Health or Safety:*** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- ***Required by Law:*** We will disclose health information about you when required to do so by federal, state, or local law.
- ***Military, Veterans, National Security and Intelligence:*** If you are a member of the armed forces, or part of the national security or intelligence communities, we may be required by military, command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- ***Lawsuits and Disputes:*** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- ***Family and Friends:*** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your personnel health information to your spouse when you bring your spouse when you bring your spouse into the exam room during treatment or while treatment is discussed.
- ***Health oversight activities:*** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure-activities necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ***Research:*** We may use and disclose your PHI for research purposes subject to a special approval process that requires an evaluation of the proposed research and its use of PHI and balances these research needs with your need for privacy.

- **National security and intelligence activities:** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective services for the President and others:** We may disclose your PHI to authorized federal officials in order to provide protection to the President of the United States, other authorized persons or foreign heads of state, or to conduct special investigations.
- **Worker's compensation:** We may release your PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.
- **Coroners, medical examiners, and funeral directors:** We may release PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI to funeral directors as necessary to help them carry out their duties.

**Your rights:** You have the following rights regarding the PHI we maintain about you.

1. **Right to request restrictions:** You have the right to request a restriction or limitation of the use or disclosure of your PHI for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or in the payment for your care such as to a family member or friend. We are not required to agree with the above requests, however, if we do agree, we will comply unless the information is needed to provide emergency treatment. In your request, you must tell us what information you want to limit, whether you want to limit Orion Medical's use and/or disclosure of the information, to whom you want the limits to apply, and your contact address. Orion Medical will notify you in writing whether we agree or do not agree with your request. Orion Medical is required to agree with your request to restrict certain disclosures of PHI to a health plan where you have paid out of pocket in full for the health care item or service provided.
2. **Right to request confidential communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location such as contacting you by telephone at work or by email at your home address in order to maintain confidentiality. Your request must specify how or where you wish to be contacted. Orion Medical will accommodate all reasonable requests.
3. **Right to inspect and receive a copy of your PHI.** You have the right to request to inspect and receive a copy of your PHI used to make decisions about your care other than psychotherapy notes. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may also deny your request in certain limited circumstances. If you are denied access to PHI, we will notify you in writing and you may request that the denial be reviewed.
4. **Right to amend.** If you believe the PHI we have about you is incorrect or incomplete, you may request, in writing, that we amend the information kept by Orion Medical after providing a reason that supports your request. We may deny your request if you ask to amend information that was not created by Orion Medical unless the person or entity that created the information is no longer available to make the amendment, is not part of the PHI kept by or for Orion Medical, is not part of the information you would be permitted to inspect and copy, or is accurate and complete.
5. **Right to an account accounting of disclosures.** You may request an accounting of disclosures of PHI that have been made by Orion Medical in the past (6) years. The accounting will include the date of the disclosure; the name of the entity or person and address, if known, of who received the PHI; a brief description of the PHI disclosed; and a brief statement of the purpose of the disclosure. The first disclosure list you request within a (12) month period will be free of charge. Orion Medical will notify you of the cost involved in subsequent request and you may choose to withdraw or modify your request before any costs are incurred.
6. **Right to be notified of a breach of unsecured PHI.** You have the right to receive notification of breach of your unsecured PHI should a breach occur.
7. **Right to paper copy or access to an electronic copy of this notice.** You have a right to a paper copy of this notice at any time.

**Changes to this Notice of Privacy Practices.** We reserve the right to change and make the revised notice effective for medical information we already have as well as any information we receive in the future about you.

You may also write to the Office for Civil Rights for any privacy rights violation.

Office for Civil Rights, U.S. Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, Texas 75202, 800-368-1019