



Notice of Privacy Practices

As a patient of this medical practice, we want you to know that we are committed to meeting our obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

THE EFFECTIVE DATE OF THIS NOTICE OF PRIVACY PRACTICES IS February 17, 2015

A. OUR COMMITMENT TO YOUR PRIVACY:

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to:

- 1) Maintain the privacy of protected health information that identifies you;
- 2) Provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI; and
- 3) To notify you following a breach of unsecured protected health information.

By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI.
- Your privacy rights regarding your PHI.
- Our obligations concerning the use and disclosure of your PHI.

The terms of this Notice of Privacy Practices (Notice) apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will always provide a copy of our current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Geo N. Tabbal M.D. PLLC
8501 Wade Blvd
Suite 1485
Frisco, TX 75034

(214) 618-3006

Drtabbal@drtabbal.com

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

Generally, your PHI may be used and/or disclosed by our practice only with your express written authorization, which may be revoked in writing at any time. However, there are exceptions to this general rule and the following describes the different ways in which a use or disclosure of your PHI is made in the absence of your written authorization.

1. **Treatment:** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice - including, but not limited to, our doctors and nurses - may use or

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disclose your PHI to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

2. **Payment:** Our practice may use and disclose your PHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations:** Our practice may use and disclose your PHI to operate our business. For example, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders:** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
5. **Treatment Options:** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services:** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends/Other Approved Parties:** Our practice may release your PHI to a friend, family member or any other person identified by you that is involved in your care, or who assists in taking care of you. You retain the right to object to our doing so, but in the absence of you objecting and/or in an emergency circumstance, we may, in the exercise of professional judgment, determine that the disclosure is in your best interest. If so, we will disclose only the PHI that is relevant to that person's involvement in your care or payment. For example, you may be accompanied by a friend to our office the day of a procedure in which you will require assistance to safely return to your home. In this instance we would provide certain limited PHI to this individual, if you haven't objected, before you both leave the office for that person to assist with your post-procedure care.
8. **Disclosures Required by Law:** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. **Public Health Risks:** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths.
 - Reporting child abuse or neglect.
 - Preventing or controlling disease, injury, or disability.
 - Notifying a person regarding potential exposure to a communicable disease.
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
 - Reporting reactions to drugs or problems with products or devices.
 - Notifying individuals if a product or device they may be using has been recalled.
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees, or we are required or authorized by law to disclose this information.
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. **Health Oversight Activities:** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Serious Threats to Health or Safety:** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
4. **Law Enforcement and similar proceeding:** We may release PHI if asked to do so by a law enforcement official.
 - Regarding a crime victim in certain situations, if we are unable to obtain the persons agreement.
 - Concerning a death, we believe has resulted from criminal conduct.
 - Regarding criminal conduct at our office(s).
 - In response to a warrant, summons, court order, subpoena, or similar legal process.
 - To identify/locate a suspect, material witness, fugitive, or missing person.
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator).
5. **Research:** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be reused or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.
6. **Workers' Compensation:** Our practice may release your PHI for workers' compensation and similar programs.
7. **Organ and Tissue Donation:** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
8. **Deceased Patients:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information for funeral directors to perform their jobs.
9. **Lawsuits and Similar Proceedings:** Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
10. **Military:** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
11. **National Security:** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials to protect the President, other officials, or foreign heads of state, or to conduct investigations.

12. **Inmates:** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

E. YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding the PHI that we maintain about you.

1. **Confidential Communications:** You have the right to request that communications of your protected health information by our practice be received by alternative means or at alternative locations. For example, you may ask that we contact you at home, rather than work. To request a type of confidential communication, you must make a written request to **Geo N. Tabbal M.D. PLLC, 8501 Wade Blvd., Suite 1485, Frisco, TX 75034**, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Inspection and Copies:** You have a right of access to inspect and obtain a copy of your individual PHI, including patient medical records and billing records, but not including psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. You must submit your request in writing to **Geo N. Tabbal M.D. PLLC, 8501 Wade Blvd. Suite 1485, Frisco, TX 75034**. To inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or obtain copies of your PHI. In certain limited circumstances you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
3. **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We will consider each requested restriction carefully, but we are not required to agree to requested restrictions, except for Payment or Operations restrictions where payment has been made "out-of-pocket" and paid-in-full. If we do agree to your request for a restriction, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction in our use or disclosure of your PHI, you must make your request in writing to **Geo N. Tabbal M.D. PLLC, 8501 Wade Blvd., Suite 1485, Frisco, TX 75034**. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure, or both; and (c) to whom you want the limits to apply.
4. **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Geo N. Tabbal M.D. PLLC, 8501 Wade Blvd. Suite 1485, Frisco, TX 75034**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information in our records that, in our opinion, is: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice (unless the individual or entity that created the information is not available to amend the information).
5. **Accounting of Disclosures:** You may request an "accounting of disclosures" of your PHI. An "accounting of disclosures" is a list of certain nonroutine disclosures our practice has made of your PHI for non-treatment, non-payment, or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. To obtain an accounting of disclosures, you must submit your request in writing to **Geo N. Tabbal M.D. PLLC, 8501 Wade Blvd. Suite 1485, Frisco, TX 75034**.

All requests for an "accounting of disclosures" must state a date and time, which may not be longer than six (6) years from the date of disclosure. Our practice will notify you of the costs involved (if any) with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this Notice, contact **Geo N. Tabbal M.D. PLLC, 8501 Wade Blvd. Suite 1485, Frisco, TX 75034.**
7. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Geo N. Tabbal M.D. PLLC, 8501 Wade Blvd. Suite 1485, Frisco, TX 75034.** All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care. Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Geo N. Tabbal M.D. PLLC, 8501 Wade Blvd. Suite 1485, Frisco, TX 75034.**
9. **More Stringent Laws:** Some of your PHI may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, mental health information and genetic information are often given more protection. In the event your PHI is afforded greater protection under federal or state law, we will comply with the applicable law.

Effective Date of Notice of Privacy Practices: This notice is effective on February 17, 2015. Please note we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained at our medical practice location(s) you are currently receiving services from. A copy is also posted on www.drtabbal.com.

Notice of Privacy Practices Acknowledgement

I have reviewed the office's Notice of Privacy Practices, which explains to me how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Printed Name of Patient or Responsible Party

Signature of Patient or Responsible Party

Date