



Mobile Osteopathy, P.A.

Notice Of Privacy Practices

The content of this document includes notice of privacy practices as required by the privacy regulations stated in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please print and keep a copy for your records. (You do not need to sign and return this form)

This document describes how health information about you may be used and disclosed by Mobile Osteopathy, P.A. and how you can get access to your individually identifiable health information (also called protected health information, or PHI).

We are dedicated to maintaining the privacy of your PHI. In order to provide your medical care, we will create records about you and the care we provide to you. It is required by law to maintain the confidentiality of your PHI. It is also a requirement to provide you with this notice to inform you of our legal duties and how we maintain your PHI. According to federal and state law, we are required to follow the terms of the Notice of Privacy Practices provided to you.

We will provide you with the following important information:

- Your privacy regarding your PHI
- When and how we may use or disclose your PHI
- Our requirements concerning the use and disclosure of your PHI

This notice applies to all records containing your PHI that are in possession by our practice. We may revise or amend this Notice of Privacy Practices and any revision or amendment will be effective for all of your records created or maintained by our practice, and for any of your records in the future. A copy of our most current Notice will be posted on our website (www.mobile-osteopathy.com), and you may also request a copy at any time.

We may use and/or disclose your PHI for the following reasons:

- **When required by law.** We will use and/or disclose your PHI when required to do so by federal, state or local law.
- **Business operations.** We may use and/or disclose your PHI as part of business operations. For example, we may use your PHI to evaluate the quality of medical care, or to implement cost-management and/or business planning activities.
- **Treatment.** We may use your PHI in order to treat you. For example, we may use your laboratory or imaging results to help us reach a diagnosis. We would also need to use your PHI in order to write or call in a prescription for you. We may also disclose your PHI to others who may be assisting in your care, such as your spouse, children, parents or other health care providers.
- **Payment.** We may use and disclose your PHI in order to assist you to collect reimbursement for our services. For example, we may contact your health insurance company in order to aid you in receiving reimbursement for the services provided to you. We may also use your PHI to bill you directly for services and items.
- **Release of information to family and friends.** We may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you with your permission. For example, a parent or guardian may ask that a caretaker take their child to the

doctor's office for treatment of a cold. In this example, the caretaker may have access to this child's PHI.

Use and disclosure of your PHI under special circumstances:

- We may use and/or disclose your PHI if required by a court or administrative order.
- We may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of public health risks, such as:
 - Vital record maintenance items like births and deaths
 - Child abuse or neglect reporting
 - Prevention or to control disease, injuries or disability
 - Contacting a person in regards to possible exposure to communicable disease's
 - Contacting a person in regards to a possible risk of spreading or contracting a disease or condition
 - In order to report reactions to drugs or issues with products or devices
 - Contacting individuals in regards to any products or devices that have been recalled and are being used
 - Contacting appropriate government agency(ies) and authority(ies) in regards to the possible neglect or abuse of an elderly or adult patient (including domestic violence); This type of information will only be disclosed with the patients permission or if we are required or authorized by law to disclose this
 - Contacting the employer that has been provided under limited circumstances in regards to and primarily to workplace injury or illness or medical surveillance
- We may disclose your PHI to a health oversight agency if authorized by law. Oversight activities may include, audits, investigations, surveys, inspections, disciplinary actions and licensure or other activities necessary for the government to monitor programs, and for compliance with civil rights laws and the overall health care system.
- We may release PHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations
 - Concerning a death believed to be the result of criminal conduct
 - Regarding criminal activity at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify or locate a suspect, material witness, fugitive or missing person
 - In an emergency or to report a crime
 - In matters of national security when authorized by law
- We may use and/or disclose your PHI if necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
- We 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.
- We 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 for the institution to provide health care services to you, for the safety

and security of the institution, and/or to protect your health and safety or the health and safety of other individuals.

- We may release your PHI for workers' compensation or similar programs.

Your rights:

- You have the right to confidential communications. You may request that our practice communicate with you in a particular manner. In order to request a type of confidential communication, you must make a written request to our practice compliance officer, Matthew Barker, DO at PO Box 331, Haslet, TX 76052 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests.
- You have the right to request a restriction in our use and/or disclosure of your including the right to request that we restrict our disclosure of your PHI to only certain individuals. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction, you must make a written request to our practice compliance officer, Matthew Barker, DO at PO Box 331, Haslet, TX 76052. Our practice will accommodate **reasonable** requests. Your request must describe the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both, and to whom you want the limits to apply.
- You have the right to obtain a copy of your PHI including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our practice compliance officer, Matthew Barker, DO at PO Box 331, Haslet, TX 76052 in order to inspect and/or obtain a copy of your PHI.
- You may ask us to amend your health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to our practice compliance officer, Matthew Barker, DO at PO Box 331, Haslet, TX 76052. You must provide us with a reason that supports your request for amendment. Please note, that a requested amendment does not guarantee that an amendment will be made.
- You have the right to request an "accounting of disclosures", which is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be. In order to obtain an accounting of disclosures, you must submit your request in writing to our practice compliance officer, Matthew Barker, DO at PO Box 331, Haslet, TX 76052. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request if desired.
- You are entitled to receive a paper copy of our notice of privacy practices. To obtain a paper copy of this notice, contact our practice compliance officer, Matthew Barker, DO at PO Box 331, Haslet, TX 76052 or at 817-618-2096.

- 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 our practice compliance officer, Matthew Barker, DO at PO Box 331, Haslet, TX 76052 or call 817-618-2096. All complaints must be submitted in writing. **There is no penalty for filing a complaint.**
- 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. Please understand that we are required to retain records of your care.

If you have any questions regarding this notice or our health information privacy policies, please contact our practice, Matthew Barker, DO at PO Box 331, Haslet, TX 76052 or call 817-618-2096.
