

Elisabeth Potter, MD, PLLC

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.

This Notice of Privacy Practices describes the practices of Elisabeth Potter, MD, PLLC with respect to your protected health information. We create a record of care and services you receive and we understand that medical information about you and your health is personal. We are committed to protecting medical information about you in compliance with the Health Insurance Portability and Accountability Act (HIPAA). This notice will tell you about the ways in which the practice, its physicians, medical staff, office staff or other third parties that are involved in your care and treatment and are authorized to have access to your medical record, may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information. If you have any questions about this notice or its contents, please contact the practice's privacy officer, whose information is enclosed. This notice is effective as of March 4, 2016. We reserve the right to change the terms of this notice at any time and such changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

UNDERSTANDING YOUR RIGHTS

Although your medical record is the physical property of the practice, the information belongs to you. You have the following rights regarding medical information we have about you. You may exercise any of the rights described below by contacting or submitting a request in writing to the practice's privacy officer.

- You have the right to look at or get an electronic or paper copy of your medical record and other health information. If you ask for a copy of the information, we may charge a reasonable fee for the cost of copying, mailing, or other supplies needed to meet your request. There are some reasons why we may deny such a request, which will be delivered to you in writing stating the reason.
- If you feel that the medical information we have about you is not correct or incomplete, you may ask us to correct the information. We may deny your request and will do so in writing; you will have the ability to file a statement of disagreement.
- You have the right to ask for a list accounting of the times we've shared your health information during the six years prior to the date you ask. We will include all the disclosures except for those about treatment, payment, and healthcare operations, as well as some other certain disclosures. We may charge a reasonable fee for the cost of copying, mailing, or other supplies needed to meet your request.
- You have the right to request that we limit the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to ask for a limit on the medical information we provide about you to someone who is involved in your care or the payment for care, such as a family member or friend. We do not have to agree with your request unless the requested restriction relates to disclosures to a health plan for payment and/or healthcare operation and the product or service was fully self-pay and has been paid in full. If we do agree to a limitation, we will follow your request unless the information is needed to provide emergency treatment.
- You have the right to ask that communicate with you about your medical matters in a certain way or at a certain place. We will comply with all reasonable requests.
- You have the right to ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically.

OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy and security of your health information
- Notify you of a breach of any of your unsecured protected health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we maintain about you
- Abide by the terms of this notice

USES & DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

The following categories are examples of how the practice, its physicians, medical staff, office staff, or other third parties that are involved in your care and treatment are authorized to use and disclose your medical information, including electronic disclosures, without your authorization. Disclosures of medical information may be in any form, whether electronically, on paper, or orally. For each category of uses or disclosures, we will explain what we mean, but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without your authorization should fall within one of the categories.

- **TREATMENT-** We may provide medical information about you to doctors, nurses, technicians, and other healthcare personnel who are involved in your care. We may share medical information about you in order to coordinate different treatments, such as demographics, clinical notes, lab work, and prescriptions. We may also provide your physician or healthcare provider with copies of various reports to assist in treating you.
- **PAYMENT-** We may use and disclose medical information about you so that the treatment and services you receive can be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your insurance company information about your treatment so that the insurance company can make payment on your behalf or in order to obtain approval for coverage prior to treatment.
- **OPERATIONS & COMMUNICATION-** We may use medical information about you to run our practice and help us to provide quality care. For example, we may use medical information to review our treatments, services, and the performance of our staff. We may also combine medical information about patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may contact you to provide appointment reminders or information about treatment alternatives, health-related benefits, and services that may be of interest to you, as well as our organization's health care operations. These may be provided by oral, written, or electronic communication. You may opt out of any or all forms of communication at any time by updating your privacy settings within the Patient Portal, unsubscribing via email, or making a formal request by contacting our Privacy Officer.
- **BUSINESS ASSOCIATES-** We may provide medical information to other persons or organizations who provide services for us under contract. Business associates are required by law to protect the medical information we provide to them. For example, we may disclose medical information about you to a company who bills insurance companies on our behalf so that company can help us obtain payment for our health care services.
- **AUTHORIZED INDIVIDUALS-** We may provide medical information about you to a friend, family member, or any other person that you authorize to be involved in your medical care or the payment of your care. We will provide this information only if you ask us to or if we believe it is in your best interest, using our professional judgement. For example, you may identify a friend or family member to pick up medical supplies for you. We will provide only the medical information needed to allow the person to complete the task. In addition, we may provide medical information about you to someone helping in a disaster relief effort so that your family can be notified about your condition or status.

- **RESEARCH-** We may use medical information for research purposes provided we receive certain documentation or representations.
- **AS REQUIRED BY LAW-** We will disclose medical information about you when required to do so by federal, state, or local law, including to the Department of Health and Human Services if it wants to confirm that we're complying with federal privacy law.
- **PUBLIC HEALTH-** We may use and disclose medical information about you for public health activities which generally include:
 - Preventing or controlling disease, injury, or disability
 - Reporting reactions to medications or problems with products
 - Assisting with recalls of products
 - Notifying a person who may have been exposed to a disease or virus, or may be at risk for contracting or spreading a disease or virus
 - In certain circumstances, reporting suspected abuse, neglect, or domestic violence
- **HEALTH & SAFETY-** We may use and disclose medical information when needed to prevent a serious threat to your health and safety or the health and safety of others.
- **ORGAN & TISSUE DONATION-** We may use and disclose medical information with organ procurement organizations to facilitate the donation and transportation of organs/tissues.
- **HEALTH OVERSIGHT-** We may provide medical information about you to a health oversight agency allowed by law for audits, investigations, inspections, and licensure.
- **WORKER'S COMPENSATION-** We may use and disclose medical information for worker's compensation or similar programs that provide benefits for work-related injuries/illnesses.
- **JUDICIAL PROCEEDINGS-** We may provide medical information about you in response to court administrative order, subpoena, discovery request, or other lawful processes.
- **LAW ENFORCEMENT-** We may provide medical information about you to law enforcement officials for law enforcement purposes under certain circumstances.
- **DECEASED IDENTIFICATION-** We may provide medical information about you to a coroner, medical examiner, or funeral director to identify a person who is deceased.
- **GOVERNMENT OPERATIONS-** We may provide medical information about you to federal officials for intelligence, counterintelligence, special investigations, other national security activities, or protection of the health and safety of the President, other authorized persons, foreign heads of state, or inmates and employees of a correctional institution.

USES & DISCLOSURES THAT REQUIRE AUTHORIZATION

Other uses or disclosures of your medical information outside those described above will be made only with your written or verbal authorization. We will always require authorization from you for marketing purposes or the sale of the medical information and psychotherapy notes. If you authorize us to use or disclose medical information about you, you may revoke such authorization in writing at any time. This will not apply to any information that has already been disclosed prior to the revocation of authorization or does not require your authorization.

QUESTIONS OR CONCERNS

If you have any questions or concerns, please feel free to contact our office. If you think your privacy rights have been violated, you may make a complaint to the practice's privacy officer. You may also file a complaint with or contact the Department of Health and Human Services, Office for Civil Rights. You will not be penalized or otherwise retaliated against for filing a complaint. For more info, visit www.hhs.gov/hipaa/index.html or email ocrmail@hhs.gov.

<p>Elisabeth Potter, MD, PLLC, Privacy Officer 6818 Austin Center Boulevard, Suite 204 Austin, Texas 78731 (512) 867-6211</p>	<p>Office of Civil Rights, DHHS, Region VI-Dallas 1301 Young Street, Suite 1169 Dallas, Texas 75202 (800) 368-1019</p>
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