

TexasMD Management Corp.  
Notice of Privacy Practices  
Effective June 1, 2007

**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. Please contact Dr. Cyrus Peikari, our Privacy Contact, for any questions about this Notice of Privacy.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out our treatment, payment or health care operations, or uses that are permitted or required by law. It also describes your rights to access and control your protected health information. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. We are required to abide by the terms of the Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting one be sent to you in the mail, or simply asking for one at the time of your next appointment.

**1) Uses and disclosures of PHI**

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We would disclose your PHI to others assisting in your care, such as spouses, children or parents. Finally, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend to you including: Making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students/residents, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical students that see patients in the office. In addition, we may call your name in the waiting room when the physician is ready to see you. We also may disclose your PHI to contact you to remind you of an appointment. We

may disclose your PHI to a third party "business associate." This would include billing services, etc, who have a written contract with our office specifying the privacy of your PHI. We may use or disclose your PHI, as necessary to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. You may contact Dr. Peikari if you do not wish to have information sent to your address.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information if we determine it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he may still use or disclose your PHI to treat you.

**Communication Barriers:** We may use and disclose your PHI if your physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers, and the physician determines that, under the circumstances, you intend to consent to use or disclosure of this information.

**2) Uses and Disclosures of PHI in special circumstances:** We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

**Required by law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as

audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other regulatory programs of the government and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, or enable product recalls, make repairs or replacements, or conduct a post marketing surveillance.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or lawful process.

**Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. The law enforcement purposes include:

- Legal processes and otherwise required by law,
- Limited information requests for identification and location purposes,
- Pertaining to victims of a crime,
- Suspicion that death has occurred as a result of criminal conduct,
- In the event that a crime occurs on the premises of the practice,
- Medical emergency (not on the premises of the practice) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye, or tissue donation.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board which has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal Activity:** Consistent with the federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify and apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel:

- For activities deemed necessary by appropriate

military command authorities

- For the purpose of determination by the Department of Veterans Affairs of eligibility of benefits

- To foreign military authority if you are a member of that foreign military service.

We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Worker's Compensation:** Your PHI may be disclosed by us to comply with worker's compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility or under the custody of a law enforcement individual. Disclosure would be necessary for the institution to provide health care services to you, the safety and security of the institution, and to protect the health and safety of you and other individuals.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

### **3) Your Rights:**

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise your rights.

**You have the right to inspect and copy your PHI:** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" includes medical and billing records and any other records that your physician and the practice uses for making decisions about you. Under federal law, you may not inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may occur. In this circumstance, you may have a right to have this decision reviewed. All reviews will be conducted by an independent physician chosen by the practice. Please contact Dr. Peikari if you have questions about access to your medical record. Note: The practice has five business days to comply with the request for inspection and can charge a nominal per page fee to copy the PHI.

**You have the right to request a restriction of your PHI:** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of the PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit the use and disclosure of your PHI, your PHI will not be restricted. If your physician agrees to the restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by placing it in writing and giving it to Dr. Peikari.

**You have the right to request to receive confidential**

**communications from us by alternative means or at an alternative location:** We will accommodate reasonable requests. We may also condition this accommodation by asking for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing and give it to Dr. Peikari.

**You have the right to have your physician amend your protected health information:** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal. Please discuss any questions regarding amending your personal records with Dr. Peikari.

**You have the right to receive an accounting of certain disclosures we have made of your PHI:** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we have made to you, for a facility directory, to family members or friends involved in your health care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after 7/1/2007. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations

**You have the right to obtain a paper copy of this notice from us:** Simply ask for it either in person or over the phone by calling (214) 739-6100.

**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 in this notice or permissible by law. Any authorization provided regarding the use and disclosure of 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.

#### **4) Complaints:**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying Dr. Peikari, who will assist you through the complaint system. We will not retaliate against you for filing a complaint. This Notice of Privacy Practices was written and becomes effective on June 1, 2007.