



DIAGNOSTIC PARTNERS OF NORTH TEXAS, P.A

1600 Coit Rd, Ste 101, Plano TX 75075, Ph# 972-867-9507

Murphy Medical Clinic, 517 West FM 544, Ste 100, Murphy TX 75094

Ph # 972-578-7700 Fax # 972-578-7705

NOTICE OF PRIVACY PRACTICES FOR DIAGNOSTIC PARTNERS OF N.TX, P.A.

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.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- ! TREATMENT means providing, coordinating, or managing health care and related services by one or more health care providers. An example of that would be results of lab tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
- ! PAYMENT means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. Your insurance company may request information on date of service, the medical condition being treated in order to pay for the services rendered to you.
- ! HEALTH CARE OPERATIONS include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost -management analysis, and customer service. An example would be an internal quality assessment review.

We may disclose your health information to public health agencies as required by law.

Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Federal law requires us to release your health information to an appropriate health oversight agency, public health authority or attorney, or other federal / state appointee if there are circumstances that require us to do so.

We may create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information of treatment alternatives or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except that we have already taken actions relying on your authorization.

You have the following rights to respect to your protected health information, which you can exercise by presenting a written request to our office:

- ! The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- ! The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- ! The right to inspect and copy your protected health information.
- ! The right to amend your protected health information.



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! The right to receive an accounting of disclosure of protected health information.

! The right to obtain a paper copy of this notice from us upon request.

We re required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filling a complaint.

Please contact us for more information about HIPAA or to file a complaint.

Diagnostic Partners of North Texas, P.A./ Murphy Medical Clinic

ACKNOWLEDGMENT OF RECEIPT

By signing below, I acknowledge that I have received Diagnostic Partners of North Texas / Murphy Medical Clinic's ***NOTICE OF PRIVACY PRACTICES***.

Patient/Legal Representative: _____

(If Legal Representative, Please write relationship to Patient)

Date: _____