



4918 Milam St  
Houston, Texas 77006  
Phone: 713-807-1131  
Fax: 713-807-1141

## **Notice of Privacy Practices for Protected Health Information**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

### **USES AND DISCLOSURES**

We may use or disclose your child's protected health information without your written consent, written authorization, or oral agreement for the following purposes:

Treatment: For example, we may use your child's health information within our office to provide healthcare services to your child or we may disclose your child's health information to another provider if it is necessary to refer you to them for services.

Payment: For example, we may disclose your child's health information to a third party such as an insurance carrier, an HMO, PPO, or other third party in order to obtain payment for services provided to your child.

Healthcare Operations: For example, we may use your child's health information to conduct internal quality assessment and improvement activities and for business management and general administrative activities.

We may use or disclose your child's protected health information without your written consent, written authorization, or oral agreement under the following circumstances:

- 1) If we provide services to your child in an emergency treatment situation.
- 2) If we are required by law to provide services to your child and we are unable to obtain your consent after attempting to do so.
- 3) If we need to notify, or assist in the notification of, a family member, personal representative, or another person responsible for your child's care of his/her location and/or general condition.
- 4) If we are required by law to disclose your child's health information to a public health authority that is authorized to receive information for the purposes of preventing or controlling disease, injury, or disability.
- 5) If we are required by law to disclose your child's health information to a city, state, or government authority and/or any other agency organized to receive reports of abuse, neglect, or domestic violence, or response to a court order or subpoena, and/or to a coroner, medical examiner, or funeral director.
- 6) If we are required to disclose your child's health information to the Food and Drug Administration.
- 7) For research purposes.
- 8) If we, in good faith, believe that the use or disclosure of your child's health information is necessary to prevent a serious threat to the health or safety of others.

***With the exception of the above stated circumstances, any use or disclosure of your child's health information will be made only with your written authorization. Your written authorization may be revoked, in writing, at any time except to the extent that we have already provided services or taken action in reliance on your authorization.***



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## Your Rights

### **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request restrictions on certain uses and disclosures of your child's health information. However, we are not required to agree to the requested restrictions. Your request to limit the use and/or disclosure of your health information must be made in writing to our Privacy Official.

### **RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS**

You have the right to receive confidential communications concerning your child's health information. Your request to receive confidential communications must be made in writing to our Privacy Official. We will accommodate all reasonable requests by you to receive your child's health information at a place other than your home address or by means other than regular mail.

### **RIGHT TO INSPECT AND/OR COPY**

You have the right to inspect and/or copy certain health information for as long as that information remains in your child's record. Your request to inspect and/or copy your child's health information must be made in writing to our Privacy Official.

### **RIGHT TO AMEND**

You have the right to request that we amend certain health information for as long as that information remains in your child's record. Your request to amend your child's health information must be made in writing to our Privacy Official and you must provide a reason to support the requested amendment.

### **RIGHT TO RECEIVE AN ACCOUNTING**

You have the right to receive an accounting of our disclosures of your child's health information made up to six years prior to the date of your request. We will provide you with the first accounting in any 12 month period at no charge. There will be a fee charged for any subsequent request. Your request to receive an accounting must be made in writing to our Privacy Official.

The accounting will not include the following disclosures:

- Disclosures made to carry out treatment, payment, and healthcare operations.
- Disclosures made to you.
- Disclosures made in our facility directory.
- Disclosures made to individuals involved with your child's care.
- Disclosures made for national security or intelligence purposes.
- Disclosures made to correctional institutions or law enforcement officials.
- Disclosures made prior to the compliance date of the HIPAA Privacy Rule.

### **RIGHT TO RECEIVE NOTICE**

You have the right to receive a paper copy of this notice, upon request.



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## **Our Duties**

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

We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of this notice and to make the new notice provisions effective for all the protected health information we maintain. If we make a change in the terms of this notice, we will notify you in writing and provide you with a paper copy of the notice, upon request.

## **Complaints**

You may submit a complaint to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint against us by writing to our Privacy Official at the address that follows. We will not take any action against you for filing a complaint.

**Attn: Magda Jimenez, Privacy Official**

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## **How to Contact Us**

If you would like further information about our privacy practices, please contact:

**Magda Jimenez, Privacy Official**  
**Telephone Number: (713)-807-1131**