

PAOLA D WIERNIK MD PLLC

NOTICE OF PRIVACY PRACTICES

Dear Patient:

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

INTRODUCTION

At **PAOLA D WIERNIK MD PLLC**, we are committed to treating and using Protected Health Information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective September 23, 2013 and applies to all Protected Health Information as defined by federal regulations.

WHAT IS PROTECTED HEALTH INFORMATION?

"Protected Health Information" is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health conditions, (2) the provision of health care to you, or (3) the past, present, or Future payment for your health care.

UNDERSTANDING YOUR MEDICAL RECORD / PROTECTED HEALTH INFORMATION

Each time you visit **PAOLA D WIERNIK MD PLLC** a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication with other health professionals involved in your care.
- Legal document outlining and describing the care you received.
- A tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided.
- An education tool for medical health providers.
- A source for medical research.
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards.
- A source of data for planning and / or marketing.
- A tool that we can reference to ensure the highest quality of care and patient satisfaction.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We May Use or Disclose Your Health Information:

For Treatment. Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory 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.

For Payment. Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you. Note: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations and our practice will honor that request.

For Health ,care Operations. Your health information may be used as necessary to support the day-to-day activities and management of **PAOLA D WIERNIK MD PLLC**. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

For Appointment Reminders, Treatment Alternatives, and Health-related Benefits and Services. We may use and disclose health information to contact you to remind you that you have an appointment with us. We also may use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

For Business Associates. In some instances, we have contracted separate entities to provide services for us. These "associates" require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these "business associates" might be a billing service, collection agency, answering services and computer software/hardware provider. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

For Research | Teaching | Training. We may use your information for the purpose of research, teaching, and training. (Optional: Use if applicable) For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Protected Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Protected Health Information.

For Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally-required notices of unauthorized access to or disclosure of your health information.

For Coroners, Medical Examiners, and Funeral Directors. We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

For Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

For Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

For Workers' Compensation. We may release Health Information for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

As Required by Law. We will disclose Protected Health Information when required to do so by international, federal, state or local law.

To Law Enforcement. Your Protected Health Information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government-mandated reporting.

For Public Health Reporting. Your Protected Health Information may be disclosed to public health agencies as required by law.

For Health Oversight Activities. We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

For Abuse, Neglect, or Domestic Violence. We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

For Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to inform you about the request or to obtain an order protecting the Information requested.

For Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

To Avert a Serious Threat to Health or safety. We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Uses and Disclosures where You Have an Opportunity to Object and Opt Out:

For Individuals Involved in Your Care or Payment for Your Care. Due to the nature of our field, we will use our best judgement when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

For Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever possible.

For Fundraising Activities. We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. (Optional - If you do not want to receive these materials, please submit a written request to the Privacy Officer.)

Written Authorization Is Required for the Following Uses and Disclosures:

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes (*Optional if your healthcare organization does not utilize psychotherapy notes*)
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information.

For Other Uses and Disclosures. Disclosure of your Protected Health Information or its use for any purpose other than those listed above may or may not require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

OUR RESPONSIBILITIES

PAOLA D WIERNIK MD PLLC is required to:

- Maintain the privacy of your health information.
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/ locations.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and

regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The *revised* policies and practices will be applied to all protected health information that we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to an electronic copy of your medical record(s).
- The right to a summary or explanation of your medical record(s).
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive notice of a breach.
- The right to receive a printed copy of this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of **PAOLA D WIERNIK MD PLLC**, please contact:

DR. PAOLA D. WIERNIK MD.
PAOLA D WIERNIK MD PLLC
5513 McColl Rd.
McAllen, TX 78504-2208
956-668-0700

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Officer, or, you may file a complaint with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Officer or with the Office for Civil Rights.

To file a complaint with the OCR, you may:

(1) Mail it to:
Secretary of the U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201;

(2) Call (202) 619-0257 (or toll free (877) 696-6775);

(3) Or visit the OCR website, www.hhs.gov/ocr/hipaa/, for more information on the options listed above, or for electronic filing options.

PAOLA D WIERNIK MD PLLC
RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, hereby acknowledge receipt of **PAOLA D WIERNIK MD PLLC** Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how **PAOLA D WIERNIK MD PLLC** may use and disclose my confidential information.

I understand that **PAOLA D WIERNIK MD PLLC** reserves the right to change their privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be made available to me upon request.

Signature

Patient
Name

Date

If you are not the patient, please specify your relationship to the patient:

Relationship to Patient