



Mike Bismar, MD, FACG, FASGE

Gastroenterology & Endoscopy

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NOTICE OF PATIENT INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO 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, to be 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, "Gastroenterology Center PA" (The "GI Center") 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 jointly participate in this notification, and will share protected health information (PHI) with each other, as necessary, to carry out treatment, payment, or healthcare operations relating to the organized.

USES AND DISCLOSURES OF HEALTH INFORMATION

GI Center may use and disclose your protected health information for treatment, obtaining payment for treatment, and healthcare operations necessary to sustain our business. Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.

An example of this would be: A physical examination or assessment.

Payment means such activities as obtaining reimbursement for services, confirmation coverage, billing or collection activities and utilization review.

An example of this would be: We may provide information to your insurance company as needed to receive payment for services rendered to you. This may include, but is not limited to, diagnosis and treatment codes, treatment notes, and copies of documentation relevant to obtaining payment. Your insurance company, health plan, health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.

Healthcare Operations includes 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 of this would be: We may use your personal information to contact you to remind you of an upcoming appointment, either by phone or by mail.

GI Center may also use or disclose your protected health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

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

In any other situation, GI Center policy is to obtain your written authorization before disclosing your protected health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

GI Center may change its policy at any time. This amendment will affect all protected health information maintained by the GI Center. When changes are made, a new Notice of Patient Information Practices will be posted in the waiting room areas that will display the Effective Dates and any Revision Dates. You may also request an updated copy of our current Notice of Patient Information Practices at any time.



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PATIENT'S INDIVIDUAL RIGHTS

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

- You have the right to review or obtain a copy of your protected health information at any time.
- You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure of family member, 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. You may also request in writing that we not use or disclose your protected health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. GI Center will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.
- You have the right to request that we amend your protected health information.
- You also have the right to request a list of instances where we have disclosed your protected health information for reasons other than treatment, payment or other related administrative purposes.
- You have the right to obtain a paper copy of this notice from us upon request.

CONCERNS AND COMPLAINTS

If you are concerned that the GI Center may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your protected health information, please contact our Privacy Officer or Quality Assurance Department at the address listed below. It is our intent to protect and keep your protected health information confidential. Your alerting us of any concerns you may have is a necessary part of a continuous quality process we employ. You will, in no way, be retaliated against for filing a complaint. You may also send a written complaint to the US Department of Health and Human Services. For further information on the GI Center's health information practices or if you have a complaint, please contact the following person:

Gastroenterology Center PA
Attention Privacy Officer
PO Box 16657
Fort Worth, TX 76162