



The Healthy Futures Pediatric Clinic

The Healthy Futures Pediatric Clinic
1400 North Coit Rd, Suite 302
McKinney, TX 75071
(469) 373-4558

NOTICE OF PRIVACY PRACTICES

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.

EFFECTIVE February 1, 2024

This Notice of Privacy Practices describes the ways we may use and disclose your health information. It also tells you about your rights and our obligations regarding the use and disclosure of your protected health information. This Notice applies to The Healthy Futures Pediatric Clinic, including its providers and employees (the “*Practice*”).

A. WE ARE COMMITTED TO MAINTAINING YOUR PRIVACY.

While conducting our work in providing you with medical care, we will create records regarding you and the treatment/services we are providing. Not only are we required by laws to maintain the confidentiality of health information that identifies you to the extent feasible within the limitations and regulations created by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional federal and state laws, but **we also truly care about keeping our patients’ information confidential because it is the right thing to do.**

We are required by law to provide our patients with this **Notice of Privacy Practices**, which features the following three general categories of information over the next several pages:

1. Information about **how we may use and disclose** your individually-identifiable health information.
2. Information about **your privacy rights** related to your individually-identifiable health information.
3. **Our obligations related to the use and disclosure** of your individually-identifiable health information.

The terms of this notice apply to all records containing your individually-identifiable health information (“IIHI”) (also called “personal health information” or “PHI”) that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times. When changes have been made to the Notice, or at any other time, you may obtain a current copy by sending a request to the Practice’s Privacy Officer or simply by requesting clinic staff for a current copy of the Notice.

If you have any questions about this notice or other privacy/confidentiality concerns, please contact:

The Healthy Futures Pediatric Clinic
Attention: Privacy Officer
1400 North Coit Rd, Suite 302
McKinney, TX 75071
(469) 373-4558

B. GENERAL STATEMENT REGARDING ELECTRONIC DISCLOSURES OF INDIVIDUALLY-IDENTIFIABLE HEALTH INFORMATION:

Under Texas law, we are required to provide notice to you if your individually-identifiable health information is subject to electronic disclosures. This statement serves as a general notice that we may disclose your information electronically for treatment, payment, or health care operations or as otherwise authorized or required by state or federal law.

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY-IDENTIFIABLE HEALTH INFORMATION (“IIHI”) IN THE FOLLOWING WAYS:

The following categories describe the different reasons that we COMMONLY use and disclose medical information.

1. For Treatment.

We may use and disclose medical information about you to provide you with health care treatment and related services, including coordinating and managing your health care. We may disclose medical information about you to physicians, nurses, other health care providers and personnel who are providing or involved in providing health care to you (both within and outside of the Practice). For example, should your care require referral to or treatment by another physician of a specialty outside of the Practice, we may provide that physician with your medical information in order to aid the physician in his or her treatment of you.

2. For Payment.

Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. If we need to submit information to a third party for prior-authorization of specific treatments or services, we would also need to disclose IIHI to the extent required for such purposes.

3. For Health Care Operations.

We may use and disclose medical information about you to operate the clinic. For example, your IIHI might be used to evaluate the quality of care that you received from us, or to develop clinical guidelines or training programs for our personnel. At other times, information might be utilized to aid in credentialing, medical case reviewing, quality assurance, utilization review, legal services, and for insurance. We will share information about you with business associates as necessary in order to complete such activities.

4. Appointment Reminders.

We may use and disclose your IIHI in order to contact you (including, for example, contacting you by phone and leaving a message on an answering machine, or sending a text message or an email to you) to provide appointment reminders and other information.

5. Treatment Options. Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Health Related Benefits and Services.

We may use and disclose your IIHI to contact you to tell you about health-related benefits or services that we believe may be of interest to you.

7. Business Associates.

There can be some services (billing or legal services, for example) that may be provided to our practice or on behalf of our Practice through contracts with business associates. When these services are contracted, we may disclose information such as contact information, billing information, or other relevant, limited information necessary for

our business associate to be able perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information. Additionally, in following the rules set forth by HIPAA, the information disclosed for such purposes will typically be the minimum amount that can be shared in order for the work to be completed.

8. Individuals Involved in Your Care or Payment for Your Care (such as family members or friends).

We may disclose medical information about you to a friend or family member who is involved in your health care, as well as to someone who helps pay for your care, **but we will do so only as allowed by state or federal law** (with an **opportunity for you to agree or object** when required under the law), **or in accordance with your prior authorization.**

9. As Required by Law.

We will disclose medical information about you when required to do so by federal, state, or local laws.

The following categories describe UNIQUE SITUATIONS in which we may use or disclose your individually identifiable health information:

1. Public Health Requirements.

Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purposes listed below. This list is intended as a general list and may not cover all potential uses.

- maintaining vital records, such as records of births and deaths.
- reporting child abuse or neglect.
- preventing or controlling disease, injury, or disability.
- notifying a person regarding potential exposure to a communicable disease.
- notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- reporting reactions to drugs or problems with products or devices.
- notifying individuals if a product, medication, or device they may be using has been recalled.
- notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an **adult patient** (including **domestic violence**); however, **we will only disclose this information if the patient agrees or if we are required or authorized by law to disclose this information.**
- notifying your employer under limited circumstances related primarily to workplace injury or illness or public health surveillance of injuries or illness statistics.
- Assisting in public health investigations, public health surveillance of injuries or conditions, or public health interventions.

2. Serious Threats to Your Health or Safety, or to someone else's Health or Safety.

Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

(For example, disclosing information to medical personnel or to emergency first responders or law enforcement, depending upon the type of situation.)

3. Health Oversight Activities.

We may disclose medical information to a health oversight agency for activities authorized by law. Such health oversight agency activities include audits, civil, administrative, or criminal investigations and proceedings, inspections, licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain governmental benefit programs, certain entities subject to government regulations which relate to health information, and compliance with civil rights laws.

4. **Legal Matters.**

Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

5. **Research.**

In certain, limited circumstances, we may use or disclose your IIHI for research purposes. Texas law permits us to disclose your information without your written authorization to QUALIFIED personnel for research, but the personnel **may not directly or indirectly identify a patient in any report of the research or otherwise disclose identity in any manner.** Additionally, a special approval process will be used for research purposes when required by state or federal law. In such situations, we may use or disclose your information to an **Institutional Review Board or other authorized privacy board** to obtain authorization. Additionally, we may use or disclose your medical information for research purposes if your authorization has been obtained when required by law, or if the information we provide to researchers is “**de-identified.**”

6. **Organ and Tissue Donation.**

If you are an organ donor, our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.

7. **Workers' Compensation.**

We may disclose medical information about you for your workers' compensation or similar program. These programs provide benefits for work-related injuries. For example, if you have injuries that resulted from your employment, then a workers' compensation insurance program or a state workers' compensation program may be responsible for payment for your care. In that situation, we might be required to provide information to that specific insurer or compensation program.

8. **Marketing of Related Health Services.**

We may use or disclose your IIHI **to send you treatment or healthcare communications** concerning treatment alternatives **or other health-related products or services.**

In certain other situations, if we ever send other communications to you in instances in which a third party is paying the clinic in exchange for marketing communications, we may ONLY send that type of marketing communication if we have your specific authorization.

The only situations in which such an authorization is not required for paid marketing communications would be the following:

- (i) The marketing communication is made face-to-face by the practice to you.
- (ii) The marketing communication consists of a promotional gift of nominal value provided to you by the practice.
- (iii) The marketing communication is otherwise permitted by the law.

9. **Military and Veterans.**

If you are a member of the armed forces, we may use and disclose medical information about you as required by the appropriate military authorities.

10. **Fundraising.**

We may use or disclose certain limited portions of your IIHI in order to send you fundraising materials. You have the right to opt out of such fundraising communications, and any materials sent to you will have clear instructions to help you opt out of receiving such communications in the future.

11. Deceased Patients.

Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to be able to perform their duties.

12. Law Enforcement.

We may release IIHI if ordered to do so by a law enforcement official in certain situations. Examples include the following:

- We may need to provide information regarding a crime victim in certain situations, if we are unable to obtain the victim's agreement.
- We may provide information concerning a death we believe has resulted from criminal conduct.
- We may need to provide information regarding criminal conduct that happens inside our offices.
- We may need to provide information in response to a warrant, summons, court order, subpoena or similar legal process.
- We may provide information in order to identify/locate a suspect, material witness, fugitive or missing person.
- We may provide information during an emergency, to report a crime (including the location of victim(s) of the crime, or a description of the victim, or to describe the identity or location of the perpetrator of the crime.)

13. National Security.

We may disclose medical information about you to authorized federal officials as required by the law in relation to national security.

14. Inmates.

If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the health care personnel of a correctional institution as necessary for the institution to provide you with health care treatment. We may also disclose medical information about you in order to protect your health and safety during your custody, or to protect the health and safety of others.

15. OTHER Uses of Individually-Identifiable Health Information.

Our practice will obtain your **written authorization** prior to using or disclosing your individually-identifiable health information in situations in which the uses and disclosures are not made for any of the purposes that are already identified in this privacy notice or if they are not already permitted by applicable laws. You have the right to choose whether to provide your written authorization for such uses and disclosures, and **you may decline to provide authorization for such types of use.** If you provide us with such written authorization, **you may revoke that authorization in writing at any time.** If you revoke your authorization, we will no longer use or disclose your medical information for those specific purposes that had been covered by your written authorization. You understand that we are unable to take back any uses or disclosures that we have already made based upon your authorization prior to its revocation, and that we are required to retain records of the care that we provided to you.

D. YOUR RIGHTS REGARDING INDIVIDUALLY-IDENTIFIABLE HEALTH INFORMATION

While the medical and billing records that we maintain are the **physical property** of The Healthy Futures Pediatric Clinic, the INFORMATION within the records, however, still belongs to YOU. You have the following rights regarding YOUR individually-identifiable health information:

1. Right to Request Confidential Communications.

You have the right to request that we communicate with you about your health and related issues in a certain way or at a certain location. For example, you may ask that we contact you only at home and not at work, or instead, that we contact you only at work and not at home, or that we may contact you at both locations. You can specify whether to leave details in a voicemail or to only leave a request to call the

office back for more information. In order to request a type of confidential communication, the request must be in writing and addressed to the privacy officer of the clinic. Requests must specify the method of contact and the location where you wish to be contacted. **We will not ask the reason for your request**, and we will use our best efforts to accommodate all **reasonable** requests, but there are some requests with which we will not be able to comply.

2. **Requesting Restrictions.**

You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only **certain** individuals involved in your care or the payment for your care, such as specific family members and friends. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, or in medical emergencies, or when the information is necessary in order to medically treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted.
- (b) whether you are requesting to limit our USE, our DISCLOSURE, or both.
- (c) to whom you want the restrictions to apply.

3. **Right to Inspect and Copy.**

You have the right to inspect and obtain a copy of the IIHI that may be used to make medical decisions about you, including patient medical records. You also have the right to inspect and obtain copies of billing records. These rights to inspect and copy records do not include psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your IIHI. It is legal for medical offices to charge a fee for the costs of copying, mailing, labor and supplies associated with requests for records. (The Healthy Futures Pediatric Clinic generally will not charge fees for medical records requests unless the request resulted in supply or mailing costs in excess of 10 dollars, which will be rare.) Medical practices may deny requests to inspect and/or copy records **in certain limited circumstances**; however, patients may request a review (an appeal) of such denials. Another licensed health care professional chosen by the medical office will conduct reviews of such appeals, and the office will honor the outcome of such an appeal.

4. **Right to Amend.**

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your **request must be made in writing** and submitted to the Privacy Officer. **You must provide us with a reason** that supports your request for amendment. Our practice will deny your request if you fail to provide your request in writing or if you fail to provide the reason supporting your request (also in writing).

We may deny your request if you ask us to amend information if:

- (a) We believe that the information is already accurate and complete.
- (b) The information is not part of the IIHI kept by or for the practice.
- (c) The information is not part of the IIHI which you would be permitted to inspect and copy.
- (d) The information is not created by our practice, unless the individual or entity that created it is not available to amend the information.

5. Right to an Accounting of Disclosures.

All patients have the right to request an “accounting of disclosures.”

An “accounting of disclosures” is a list of non-routine disclosures our practice has made of your IIHI **for purposes that are not related to treatment or running healthcare operations.** Use of your IIHI as part of the routine patient care in a practice is not required to be documented. For example, when the doctor shares information with the nurse, that specific use or disclosure of IIHI does not need to be documented for future accounting of disclosures.

In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but medical practices are legally allowed to charge for additional lists within the same 12-month period. Our practice will notify you of the costs, if any, involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice.

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Officer.

7. Right to Breach Notification.

In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that your medical information has been improperly disclosed or otherwise subject to a “breach” as defined in and/or required by HIPAA and applicable state law.

8. Right to File a Complaint.

If you believe that your privacy rights have been violated, you may file a complaint by contacting our practice or alternately you can contact the Office of the Secretary of the Department of Health and Human Services to file a complaint. Complaints must be submitted in writing. Our office will not retaliate against any individual who files a privacy complaint.

Complaints filed with our office can be submitted to this address:

The Healthy Futures Pediatric Clinic
Attention: Privacy Officer
1400 North Coit Rd, Suite 302
McKinney, TX 75071

E. OUR OBLIGATIONS RELATED TO YOUR IIHI.

We are required by law to:

- Maintain the privacy of your medical information, to the extent required by state and federal law.
- Give you this Notice explaining our legal duties, your rights, and our privacy practices with respect to the individually-identifiable health information about you.
- Notify affected individuals following a breach of unsecured medical information under federal law.
- Follow the terms of the version of this Notice that is currently in effect.

F. ACKNOWLEDGEMENT AND REQUESTED RESTRICTIONS.

By signing below, you acknowledge that you have received this *Notice of Privacy Practices* prior to any service being provided to you by the Practice, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below.

I hereby request the following restrictions on the use and/or disclosure (specify as applicable) of my information:

Patient Name: _____
(Please Print Name)

Patient Date of Birth: _____

SIGNATURES:

Patient/Legal Representative: _____ Date: _____

If Legal Representative, relationship to patient: _____

Witness (optional): _____ Date: _____