

## **Notice of Privacy Practices**

**Dr. Thomas E. Ducker, M.D. - Gastroenterology**

**Effective Date: November 9, 2016**

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

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

This notice describes our privacy practices. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request a paper copy of this notice, or any revised notice, at any time (even if you have allowed us to communicate with you electronically.) For more information about this notice or our privacy practices and policies, please contact the person listed at the end of this document.

### Treatment, Payment, Health Care Operations

*Treatment-* We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in their practice is a specialist.

*Payment-* We are permitted to use and disclose your medical information to bill and collect payment for the service we provide to you.

*Health Care Operations-* We are permitted to use or disclose your medical information to bill and collect payment for the service we provide to you.

### Disclosures That May Be Made Without Your Authorization

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

*Public Health, Abuse or Neglect and Health Oversight-* We may disclose your medical information to public health activities. Public Health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and deaths), or injury by a public health authority.

Because Texas law requires physicians to report child abuse or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse or neglect.

*Legal Proceedings and Law Enforcement-* We may disclose your medical information in the course of judicial or administrative proceeding in response to an order of the court (or the administrative decision-maker) or other appropriate legal process.

*Worker's Compensation-* We may disclose your medical information as required by workers compensation law.

*Inmates-* If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official.

*Military, National Security and Intelligence Activities, Protection of the President-* We may disclose your medical information for specialized governmental function such a separation or discharge from military service.

*Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors-* When a research project and its privacy protections have been approved by an institutional review board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organs.

*Required by Law-* We may release your medical information when the disclosure is required by law.

### Your Rights Under Federal Law

The US Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patient may exercise. We will not retaliate against patients who exercise their HIPAA rights.

*Requested Restrictions-* You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or health care operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with our request except under emergency circumstances.

*Receiving Confidential Communications by Alternative Means-* You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below.

*Inspection and Copies of Protected Health Information-* You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing, and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed on the Acknowledgement of Receipt of Notice of Privacy Practice. Our charge is \$25 for up to 20 pages and 15 cents for each additional page thereafter and reasonable fee for the actual costs of mailing, shipping, or delivery.

*Accounting of Certain Disclosures-* HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person on the Acknowledgement of Receipt of Notice of Privacy Practice. Your first accounting of disclosures (within a 12-month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request before any costs are incurred.

### Appointment Reminders, Treatment Alternatives, and Other Benefits

We may contact you by telephone, email, or mail to provide appointment reminders, information about treatment alternatives, lab results or other health-related benefits and services that may be of interest to you. Patients are responsible for their own health-care and the office will not be held accountable for failing to remind patients of their appointments.

### Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed on the Acknowledgement of Receipt of Notice of Privacy Practice. You may also send a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government. The contact information for the USDHHS: US Department of Health and Human Services – HIPAA Complaint 7500 Security Blvd., C5-24-04, Baltimore, MD 21244. The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplain.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplain.pdf). You may not be penalized in any way for filing a complaint.

### Our Promise to You

We are required by law and regulations to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

### Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact: Business/Billing Manager 1001 Water St, Ste. D-200, Kerrville, TX 78028; Phone: (830) 896-5005; Fax: (830) 896-4747.