

NDTA'S NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, AS AN NDTA PATIENT, MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY AND ADVISE US IF YOU HAVE ANY QUESTIONS.

NDTA is committed to providing responsive, personalized, high quality care to our patients. We are also dedicated to respecting and appropriately honoring our patient's privacy.

This Notice of Privacy Practices (Notice) describes how NDTA will use and disclose your protected health information. The policies outlined in this Notice apply to all of your health information generated by NDTA, whether recorded in your medical record, invoices, payment forms, videotapes, in electronic media, or other ways. These policies also apply to the protected health information gathered from other Organizations by any health care professional or employee who participates in your care. NDTA maintains an electronic health record for you, may receive protected health information for you electronically, and may disclose your protected health information through an electronic transmission.

NDTA'S USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

1. In some circumstances NDTA is permitted or required to use or disclose your protected health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

a. Uses or disclosures for purposes relating to treatment, payment and health care operations:

i. Treatment. We may use or disclose your protected health information for the purpose of providing, or allowing others to provide, treatment to you or any other individual. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

ii. Payment. We may use and/or disclose your protected health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.

iii. Health Care Operations. We may use and/or disclose your information for the purposes of our day-to-day operations and functions, through contracts with third party business associates for services such as electronic medical record, answering service, and consultants. We require our business associates to safeguard appropriately your information. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions to the extent that we both have a relationship with you. For example, we may compile your protected health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided by NDTA

b. To create materials that originally had any identifying information concerning you deleted from the final materials;

c. To create materials that have most of the identifying information about you deleted from the final materials, to allow other entities to conduct research, public health, or health care operation activities;

d. When required by law;

e. For public health purposes;

f. To disclose information about victims of abuse, neglect, or domestic violence;

g. For health oversight activities, such as audits or civil, administrative or criminal investigations;

h. For judicial or administrative proceedings;

i. For law enforcement purposes;

j. To assist coroners, medical examiners or funeral directors with their official duties;

k. To facilitate organ, eye or tissue donation;

- l. For certain research projects that have been evaluated and approved through a research approval process that takes into account our patients' need for privacy;
- m. To avert a serious threat to health or safety;
- n. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
- o. For workers' compensation purposes, as permitted by law.

2. NDTA may also use or disclose your protected health information in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

a. Directories. We may maintain a directory of patients that includes your name.

b. Notifications. We may disclose to your relatives or close personal friends any protected health information that is directly related to that person's involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location and general condition or death, and to Organizations that are involved in those tasks during disaster situations.

Except as described above, other uses and disclosures of your protected health information will be made only with your written authorization. Without your written authorization, 1) your protected health information will not be sold or used for any fundraising purpose, 2) you will not receive marketing information paid by any third party (except for prescription refill reminders) and 3) records of any psychotherapy services you received from another health care provider will not be disclosed. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

YOUR RIGHTS

1. To Request Restrictions. You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request, with the exception of when you choose to pay in cash for treatment or service and direct NDTA in writing not to disclose this treatment or service to your health plan. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Privacy Officer listed on the final page of this Notice.

2. To Limit Communications. You have the right to receive confidential communications about your own protected health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Privacy Officer. All reasonable requests will be granted.

3. To Access and Copy Health Information. You have the right to inspect and copy any protected health information about you, that we use to make decisions about you, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing. You can obtain information regarding this review process by contacting the Privacy Officer.

To arrange for access to your records, or to receive a copy of your health record, you may submit a written request to Cynthia Radford or the Privacy Officer. To obtain copies of your billing records, you may submit a request to Kay Wilson or the Privacy Officer.

a. If your protected health information is maintained in a paper format, you may provide a written request for a copy of your health record. A copy of your records will be provided within 30 days of the date NDTA receives your request.

b. If your protected health information is maintained in an electronic format, you may provide a written request for an electronic copy of your health record. If NDTA is capable of fulfilling your request using the electronic format you requested (or if NDTA cannot do so, and you will accept your health record in another format), you will receive your health record (excluding any parts restricted by federal law from disclosure) within 15 days of the date NDTA receives your request.

You will be provided with NDTA's reasonable cost for preparing your paper or electronic health record (including labor, supplies and postage), and you may accept this cost or choose an alternate format for receiving your health record. You may direct NDTA in writing to provide your health record to a third party.

4. To Request An Amendment. You may request that your protected health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your protected health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend protected health information must be submitted in writing to the Privacy Officer.

5. To an Accounting of Disclosures. You have the right to an accounting of any disclosures of your protected health information. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Privacy Officer.

a. If your protected health information is maintained in a paper format, you may request an accounting for six years preceding the date of your request. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request.

b. If your protected health information is maintained in an electronic format, you may request an accounting for three years preceding the date of your request. Your accounting will include the disclosures made to carry out treatment, payment and health care operations, but will not include the other excluded disclosure items listed above for records maintained in the paper format.

6. To a Paper Copy of this Notice. You have been given a copy of this Notice at your first/next NDTA office appointment on/after May 5, 2018.

NDTA'S DUTIES

1. We are required by law to maintain the privacy of your protected health information, and to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information. We will notify you promptly if a breach of your unsecured (non-encrypted) protected health information ever occurs.

2. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all protected health information that we maintain. Any changes to this Notice will be posted at our office, and will be available from to you upon request.

COMPLAINTS

You can complain to us and to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To submit a complaint with us, please file a written complaint with the Privacy Officer. The Privacy Officer will also provide you with further information about NDTA's privacy policies upon request. We encourage you to ask any questions you may have regarding your privacy rights. ***Please be assured that no action will be taken against you for filing a complaint.***

Your NDTA Resource Personnel:

PRIVACY OFFICER:
Ann Timpe-Brennan

MEDICAL RECORD CONTACT:
Cynthia Radford

BILLING CONTACT:
Kay Wilson

1415 La Concha Lane, Houston, Texas 77054
Telephone: 713-790-9080 Facsimile: 713-790-0766

If you wish to file a complaint with the Secretary of the Department of Health and Human Services, your complaint must:

1. Be filed in writing, either on paper or electronically;
2. Mention the health care provider that is the subject of the complaint and describe the acts or omissions believed to be in violation of the Privacy Rule; and
3. Be filed within 180 days of when you knew, or should have known that the act or omission occurred, unless this time limit is waived by the Office of Civil Rights for good cause shown.
4. Address the complaint by mail to:

Region VI, Office for Civil Rights, U.S. Department of Health and Human Services
1301 Young Street, Suite 1169, Dallas, Texas 75202

Or send the complaint by e-mail to: OCRComplaint@hhs.gov

Please read the Notice of Privacy Practices carefully and refer any questions or requests you may have for additional information, to our Privacy Officer.

Your NDTA Physicians, Dr. Stephen Brennan, Dr. Juan Gonzalez, Dr. George M. Nassar, Dr. Abdul-Jabbar Khan, Dr. Joslyn Campbell, Dr. Edward Rhee, Dr. Binh Nguyen, Dr. Christopher Kwoh, Dr. Ulka Desai, Dr. Faraz Khan, Dr. Sandra Barrow, Dr. Nadia Wasi-Iqbal, Dr. Tho Luong, Dr. Collete Akhimiona and Our Staff, are committed to honoring your privacy.

Thank you for assisting us to honor your privacy rights.

Juan M. Gonzalez, M.D.