

**Notice of Privacy Practices** *Confidentiality of Your Health Care Information*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

*We are required by law to provide you with this notice of our legal duties and privacy practices concerning your private health information.* By law we must follow the terms of the Notice of Privacy Practices that we have in effect.

If you have questions about this notice, please contact the Privacy Officer at (817) 277-3469

This notice describes Physician's Weight Control and Wellness Center's privacy practices and that of:

- All employees.
- Any intern, volunteer or IT personnel that we allow to input or maintain patient data files.
- All internal departments of Physician's Weight Control and Wellness Center
- All locations owned by Physician's Weight Control and Wellness Center.

**Our Commitment to Your Privacy**

We have always had stringent safeguards to protect private health information (PHI), however, because of a new law some changes are necessary to assure you we are dedicated to maintaining the privacy of your health information. In conducting our business, we may receive, create, use, or disclose protected health information regarding you and the treatments and services we provide you. *None of your protected health information will leave our office without your written consent.*

**Health Information Security -**

Physician's Weight Control and Wellness Center requires all employees to follow security policies and procedures to safeguard your PHI.

**Understanding your Medical Record Information -**

The information we have on you is called your private health information (PHI). We create a record of the care and services you receive in our office. This record will contain your prescription information, doctor's progress notes, medical history or other documentation the doctor chooses to include in your medical record.

**To summarize, this notice provides you with the following important information:**

- How we use and disclose your PHI.
- Your privacy rights of your PHI.

- Our obligations concerning the use and disclosure of your PHI.

**How We May Use and Disclose Medical Information About You**

**For Treatment** - We will use health information about you to provide medical treatment or services. Our doctors, medical assistants and office personnel will all have access to your health information.

**For Health Care Operations** - We may use your protected health information in order to perform our daily business activities, which may include data management, customer service, complying with laws and quality. Your health information may be used to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer or how we can become more efficient.

**To Avert a Serious Threat to Health or Safety** - We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

**Research** - We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

**Military** - If you are, or were, a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Public Health Risks** - We may disclose health information about you for public health activities. These activities

generally include, but are not limited to the following:

- To prevent or control disease, injury or disability.
- To regulate products subject to FDA regulations.
- To notify the appropriate government agency if we think a patient has been the victim of abuse, neglect, or domestic violence

**Health Oversight Activities** - We may disclose health information to a health oversight agency for audits, investigations, inspections, accrediting or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws. Generally, these audits are done in our office and will not require a signed consent from you.

**As Required by Law** - We will disclose health information about you when required to do so by federal, state, or local law enforcement.

**Judicial Proceedings** - If you are involved in a lawsuit or a dispute and we are asked to disclose health information about you in response to a court order or subpoena we will legally have to comply to those orders.

**Law Enforcement** - We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Coroners, Medical Examiners and Funeral Directors** - We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death or as necessary to carry out their duties. If you have listed someone you do not want your records revealed to, that person would not be allowed to get a copy of your PHI even in the event of your death.

**Information Not Personally Identifiable** - We may use or disclose

health information about you in a way that does not personally identify you or reveal who you are. This is usually generic information to help improve or create new medications.

**Individuals Involved in the Treatment or Payment of Your Care** - We may disclose health information about you to your family members or friends if we obtain written consent by you to do so.

**Business Associates** - There are some services that we provide through contracts with third party business associates. Examples include external laboratories and information technology associates. To protect your health information, PWCWC requires business associates to sign a disclosure agreement before they can have access to any information pertaining to the company or patients.

#### **Consent Forms**

You may revoke any consent form at any time by giving us written notice. Your revocation will be effective when we receive your written notice. Any disclosures prior to receiving your written revocation of that particular consent form will not be subject to your revocation.

#### **Your Rights Regarding Health**

**Information About You** - You have the following rights regarding health information we maintain about you.

**Right to Inspect and Copy** - You have the right to inspect and request a copy of certain health information we have on file. Usually, this includes medical and billing records. To inspect and request a copy of health information on file about you, you must submit a written request. If you request a copy of your health information, we may charge a fee for the costs of copying, mailing, or other associated supplies. (Our office does not use electronic record keeping so your records cannot be transferred to you electronically.) We may deny your request to inspect or receive a copy in certain limited cases. If we deny your request, you may ask for a review of the denial. The person who conducts the review will not be the person who denied the request. We will comply with the outcome of the review.

**Right to Request an Amendment** - If you believe medical information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to

request an amendment as long as the information originated at PWCWC. You must request an amendment in writing and submit it to the Privacy Officer. You must also tell us the reason for your request. The request to amend your record may be denied, in which case you have the right to enter a statement into your record saying that you disagree with the decision.

#### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six years. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** - You have the right to request a restriction or limitation on the health information we disclose about you for treatment, payment or health care. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. We are not required to agree to your request, but, if we do agree, we will comply with your request unless the information is needed to provide emergency treatment for you. You must submit your request for restrictions in writing to the Privacy Officer. In your request, you must tell us: - The information you want restricted. - To whom you want the restrictions to apply, such as your spouse or another relative. The Privacy Officer will inform you if disclosure is made to someone on your restricted list; this disclosure will only be made in case of a health emergency.

#### **Right to Request Confidential**

**Communications** - You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must submit your request for confidential communication in writing. Your request must specify how or where we should contact you. We will

try to accommodate all reasonable requests. (We have a form you can use for this purpose.)

#### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will only be made with your written permission. If you provide us with permission to use or share your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or share your health information for the reasons in your written revocation. Any information disclosed before your written revocation will not be subject to this revocation.

#### **Changes to this Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have, as well as information we receive in the future. We will post copies of the current notice on our website, [www.drweightcontrol.com](http://www.drweightcontrol.com). The notice will contain the effective date of the notice in the top right-hand corner of the first page.

#### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. This notice is also available on our website, [www.drweightcontrol.com](http://www.drweightcontrol.com).

#### **For More Information or to Report a Problem**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. There will be no retaliation for filing a complaint.

#### **To file a complaint with our office you may contact our privacy officer:**

Privacy Officer  
Physician's Weight Control and  
Wellness Center  
716 Lincoln Square  
Arlington, TX 76011

*If there is ever a breach of your personal health information by our office you will be notified immediately.*