

**Angela Scheuerle, M.D., P.A.**  
**Notice of Privacy Practices**  
**As Required by the HIPAA Privacy Regulations**

**A) OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We must provide you with information about:

- How we may use/disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use/disclose of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision of 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. You may request a copy of our most current Notice at any time.

**B) IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

Angela Scheuerle, M.D., 7777 Forest Lane, Suite ~~8240~~ Dallas TX 75230, (972) 566-6524

**C) WE MAY USE/DISCLOSE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) FOR:**

- 1. TREATMENT** Persons working in this practice may use or disclose your IIHI in order to treat you or to assist others in your treatment. We may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may disclose your IIHI to other health care providers for purposes related to your treatment.
- 2. PAYMENT** Our practice may use/disclose your IIHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are covered. We may use/disclose your IIHI to obtain payment from third parties who may be responsible for such costs. We may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. HEALTH CARE OPERATIONS** Our practice may use/disclose your IIHI to operate our business. For example, our practice may use your IIHI to evaluate the quality of care you received from us. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.
- 4. APPOINTMENT REMINDERS** Our practice may use/disclose your IIHI to contact you about an appointment.
- 5. RELEASE OF INFORMATION TO FAMILY/FRIENDS/ASSISTANTS** Our practice may release your IIHI to a friend or family member who is involved in your care, or who assists in taking care of you.
- 6. DISCLOSURES REQUIRED BY LAW** Our practice will use/disclose your IIHI if required by federal, state or local law.

**D) USE/DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES.**

- 1. PUBLIC HEALTH RISKS** Our practice may disclose your IIHI to public health authorities allowed to collect information.
- 2. HEALTH OVERSIGHT ACTIVITIES** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities include but are not limited to investigations, inspections, audits, surveys, civil, or criminal actions, and other activities necessary for the government to monitor government programs and compliance with civil rights laws.
- 3. LAWSUITS AND SIMILAR PROCEEDINGS** Our practice may use/disclose your IIHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We 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.
- 4. LAW ENFORCEMENT** We may release IIHI if asked to do so by a law enforcement official.
- 5. 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 also may release information in order for funeral directors to perform their jobs.
- 6. RESEARCH** Our practice may use/disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:
  - (i) the use of disclosure involves no more than a minimal risk to your privacy based upon
    - a) an adequate plan to protect the identifiers from improper use/disclosure
    - b) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law)

- c) adequate written assurances that the IIHI will not be re-used or disclosed to any other person or entity (except as required by law), for authorized oversight of the research study or for other research for which the use/disclosure would be otherwise permitted
- (ii) the research could not practicably be conducted without the waiver, **OR**
- (iii) the research could not practicably be conducted without access to and use of the IIHI.

**7. SERIOUS THREATS TO HEALTH OR SAFETY** Our practice may use/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.

**8. MILITARY** Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by appropriate authorities.

**9. NATIONAL SECURITY** Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials to protect government officials or to conduct investigations.

**10. INMATES** Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Such disclosure would be necessary: a) for the institution to provide health care services to you, b) for the safety and security of the institution, and/or c) to protect your health and safety or the health and safety of other individuals.

**11. WORKERS' COMPENSATION** Our practice may release your IIHI for workers' compensation and similar programs.

## **E. YOUR RIGHTS REGARDING YOUR IIHI**

**1. CONFIDENTIAL COMMUNICATIONS** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location (ex: work rather than home). In order to request a type of confidential communication, you must make a written request to the person noted in section B specifying the requested method or location of contact. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**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. 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. **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, in emergencies, or when the information is necessary to 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 person noted in section B. Your request must describe in clear and concise fashion: a) the information you wish restricted, b) whether you are requesting to limit our practice's use, disclosure or both, **AND**, c) to whom you want the limits to apply

**3. INSPECTION AND COPIES** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the person noted in section B in to inspect and/or obtain a copy of your IIHI. Our practice may deny your request in certain circumstances. You may request a review of our denial. A licensed health care professional chosen by us will conduct reviews.

**4. AMENDMENT** 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 person noted in section B. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit it (and the reason supporting it) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: a) accurate and complete, b) not part of the IIHI kept by or for the practice, c) not part of the IIHI which you would be permitted to inspect and copy **OR**, d) not created by our practice, unless the individual or entity that created it is not available to amend the information.

**5. ACCOUNTING OF DISCLOSURES** All of our patients have the right to request an "accounting of disclosures", which is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to the person noted in section B. 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 disclosures and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. RIGHT TO A PAPER COPY OF THIS NOTICE** This copy of our Notice of Privacy Practices is yours to keep.

**7. RIGHT TO FILE A COMPLAINT** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the person noted in section B. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use/disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required by law to retain records of your care.