



## HIPAA 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.

### YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains in more detail your rights and some of our responsibilities to help you.

1. Get an electronic or paper copy of your medical record
  - a. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - b. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
2. Ask us to correct your medical record
  - a. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - b. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
3. Request confidential communications
  - a. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - b. We will say “yes” to all reasonable requests.
4. Ask us to limit what we use or share
  - a. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - b. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
5. Get a list of those with whom we’ve shared information
  - a. You can ask for a list (accounting) of the times we’ve shared your health information for 6 (six) years prior to the date you ask, who we shared it with, and why.
  - b. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
6. Get a copy of this privacy notice
  - a. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
7. Choose someone to act for you
  - a. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - b. We will make sure the person has this authority and can act for you before we take any action.
8. File a complaint if you feel your rights are violated



## EMERGENCY ROOM

- a. You can complain if you feel we have violated your rights by contacting us using the contact information at the end of this notice.
- b. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- c. We will not retaliate against you for filing a complaint.

### YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

1. In most cases, you have both the right and choice to tell us to:
  - a. Share information with your family, close friends, or others involved in your care
  - b. Share information in a disaster relief situation.
2. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
3. In the following cases, we never share your information unless you give us written permission:
  - a. Marketing purposes
  - b. Sale of your information
  - c. Most sharing of psychotherapy notes

### OTHER USES AND DISCLOSURES

We typically use or share your health information in the following ways:

1. To treat you
  - a. We can use your health information and share it with other professionals who are treating you.
  - b. For example, if a doctor treating you for an injury asks another doctor about your overall health condition.
2. To run our organization
  - a. We can use and share your health information to run our practice, improve your care, and contact you when necessary.
  - b. For example, we use health information about you to manage your treatment and services.
3. To bill for our services
  - a. We can use and share your health information to bill and get payment from health plans or other entities.
  - b. For example, we give information about you to your health insurance company so that it will pay for your services.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as in public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

1. Help with public health and safety issues
  - a. We can share health information about you for certain situations such as:



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- i. Preventing disease
  - ii. Helping with product recalls
  - iii. Reporting adverse reactions to medications
  - iv. Reporting suspected abuse, neglect, or other domestic violence
  - v. Preventing or reducing a serious threat to anyone's health or safety.
2. Do research
  - a. We can use or share your information for health research
3. Comply with the law
  - a. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law
4. Respond to organ and tissue donation requests
  - a. We can share health information about you with organ procurement organizations
5. Work with a medical examiner or funeral director
  - a. We can share health information about you with a coroner, medical examiner, or funeral director if you die.
6. Address workers' compensation, law enforcement, and other government requests
  - a. We can share health information about you:
    - i. For workers' compensation claims
    - ii. For law enforcement purposes or with a law enforcement official
    - iii. With health oversight agencies for activities authorized by law
    - iv. For special government functions such as military, national security, and presidential protective services
7. Respond to lawsuits and legal actions
  - a. We can share health information about you in response to a court or administrative order, or in response to a subpoena

### OUR RESPONSIBILITIES

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
5. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.



## PATIENT RIGHTS & RESPONSIBILITIES

The physicians, nurses, and the entire staff at Ally Medical are committed to ensuring that you receive safe and reasonable care.

1. **THE PATIENT HAS THE RIGHT**, upon request, to be given the name of his attending practitioner, the names of all other practitioners directly participating in their care, and the names and functions of other healthcare professional who have direct contact with the patient.
2. **THE PATIENT HAS THE RIGHT** to consideration of privacy concerning their own medical care. Case discussions, consultation, examination, and treatment are considered confidential and shall be conducted discreetly.
3. **THE PATIENT HAS THE RIGHT** to have records pertaining to their medical care treated as confidential, except as otherwise provided by law or a third-party contractual arrangement.
4. **THE PATIENT HAS THE RIGHT** to know what facility rules and regulations apply to their conduct as a patient.
5. **THE PATIENT HAS THE RIGHT** to expect emergency procedures to be implemented without necessary delay.
6. **THE PATIENT HAS THE RIGHT** to good quality care and high professional standards that are continually maintained and reviewed.
7. **THE PATIENT HAS THE RIGHT** to full information in layman's terms; concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on their behalf to their designee.
8. **THE PATIENT HAS THE RIGHT** to expect that the practitioner shall obtain the necessary informed content prior to the start of a procedure. An exception is made in case of emergencies as determined by the practitioner. Informed consent is defined in Texas Administrative Code, Title 25, part 7m Chapter 601.
9. **THE PATIENT HAS THE RIGHT** to be advised when a practitioner is considering the patient as part of a medical research program or donor program and shall give informed consent prior to actual participation in the program. If the patient is unable to give informed consent, this right transfers to their responsible guardian. The patient, or responsible guardian, may refuse to continue in a program to which they have previously given consent.
10. **THE PATIENT HAS THE RIGHT** to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patients' refusal of said drugs or procedures.
11. **THE PATIENT HAS THE RIGHT** to medical and nursing services without discrimination based upon age, race, color, religion, sexual orientation, national origin, handicap, disability, or ability to make payment.
12. **THE PATIENT HAS THE RIGHT**, if they do not speak English, to have access, where possible, to an interpreter.



## EMERGENCY ROOM

13. **THE PATIENT HAS THE RIGHT** to be provided access to information contained in their medical records upon appropriate request. An Authorization for Release of Information Form must be completed prior to release of medical records.
14. **THE PATIENT HAS THE RIGHT** to expect good management techniques to be implemented with the facility. Those techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
15. **THE PATIENT HAS THE RIGHT** to expect that when an emergency occurs and a patient is transferred to a hospital, the responsible guardian and/or patient's designee shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
16. **THE PATIENT HAS THE RIGHT** to expect the facility to provide information for continuing health care requirements following discharge and the means for meeting them.
17. **THE PATIENT HAS THE RIGHT** to be informed of their rights at the time of admission.
18. **THE PATIENT HAS THE RIGHT** to ask questions about any directions or procedures they do not understand.
19. **THE PATIENT HAS THE RIGHT** to ask the ER to honor their Advanced Directive.
20. **THE PATIENT HAS THE RIGHT** to be free from all forms of abuse, neglect, exploitation, or harassment.
21. **THE PATIENT HAS THE RESPONSIBILITY** to be considerate of other patients and staff in regard to noise, smoking, and number of visitors in the patient areas. The patient is also expected to respect the property of the facility and other persons.
22. **THE PATIENT HAS THE RESPONSIBILITY** to follow instructions and medical orders and report unexpected changes in their condition to their physician and facility staff.
23. **THE PATIENT HAS THE RESPONSIBILITY** to follow all safety regulations that they are told or read about.
24. **THE PATIENT HAS THE RESPONSIBILITY** to follow their healthcare provider's instructions. If the patient refuses care, they are responsible for their own actions.
25. **THE PATIENT HAS THE RIGHT** to contact Administration at the Facility where they were seen if they have a complaint or grievance.
26. **THE PATIENT HAS THE RIGHT** to report complaints to the Texas Department of Health and Human Services Commission. Complaints may be mailed, faxed or delivered by phone via the complaint hotline. The contact information is provided below:

<b>Complaint hotline:</b>	(888) 973-0022
<b>Email:</b>	hfc.complaints@dshs.texas.gov
<b>Fax:</b>	(512) 834-6653
<b>Mailing address:</b>	Health & Human Services Commission Complaint & Incident Intake Mail, Code E-249 P.O. Box 149030, Austin, Texas 78714-9030