

**Nathan T. Thomas, MD, PA**

**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 Health Information Rights:**

You have the following rights with respect to health information about you.

**Right to Copy of Notice of Privacy Practices.** You have the right to a paper copy of our Notice of Privacy Practices at any time. To obtain a copy of our current Notice of Privacy Practices, please contact our office at 7777 Forest Ln., Ste C800, Dallas, TX 75230.

**Right to Inspect and Copy.** You have the right to inspect and/or obtain a copy of the health information about you that we maintain and that are used to make decisions about your care. Your request must be in writing. If you request a copy of your health information, we will charge you a fee to cover the costs of copying and mailing the information. In certain very limited circumstances, we may deny your request to inspect and copy your health information. If you are denied access to your health information, we will explain our reasons in writing. You have the right to request that another person review the decision. We will comply with the outcome of the review. For information about this right, see 45 C.F.R. § 164.524.

**Right to Amend.** If you feel that health information about you that we maintain is inaccurate or incomplete, you have the right to request that we amend the information. You have the right to request an amendment as long as we maintain the information. Depending on the nature of your request, we may ask that you submit in writing and include a reason supporting the request. In certain circumstances, we may deny your request to amend your health information. If your request for an amendment is denied, we will explain our reasons in writing. You have the right to submit a statement explaining why you disagree with our decision to deny your amendment request. We will share your statement when we disclose health information about you that we maintain. For more information about this right, see 45 C.F.R. § 164.626.

**Right to an Accounting of Disclosures.** You have the right to request an accounting or detailed listing of certain disclosures of your health information. The time period covered by the accounting is limited. Your request must be in writing. If you request an accounting more often than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting. For more information about this right, see 45 C.F.R. § 164.528.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information about you that we use or disclose. Your request must be in writing. Please be aware that we are not required to agree to your request for restrictions. If we agree to your request for a restriction, we will comply with it unless the information is needed for emergency treatment. For more information about this right, see 45 C.F.R. § 164.522. We are required to agree to a request not to share your information with your health plan if the following conditions are met: 1. We are not otherwise required by law to share the information; and 2. You pay the entire amount due for the health care item or service out of your own pocket or someone else pays the entire amount for you.

**Right to Revoke Authorization.** You have right to revoke your authorization to use or disclose health information, except to the extent that action has been taken in reliance upon your authorization. Your request must be in writing.

**Right to Request Alternative Method of Contact.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternative address for billing purposes. For more information about this right, see 45 C.F.R. § 164.522(b).

**Complaints**

If you believe your privacy rights have been violated, you may complain to Nathan T. Thomas, MD, PA and to the Department of Health and Human Services. You may make a complaint to us by contacting the Privacy Officer at 7777 Forest Ln., Ste C800, Dallas, TX 75230.

**Dr. Thomas Obligations**

Dr. Thomas is required to:

- \* maintain the privacy of protected health information;
- \* provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- \* abide by the terms of the Notice of Privacy Practices currently in effect;
- \* notify you if we are unable to agree to a requested restriction on how your health information is used or disclosed;



- \* accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations;
- \* obtain your written authorization to use or disclose your health information for reasons other than those identified in this Notice and permitted by law; and

Nathan T. Thomas, MD, PA reserves the right to change the terms of this Notice, our privacy practices, and to make the new provisions effective for all protected health information we maintain.

### **Uses or Disclosures of Your Health Information**

**Treatment.** We may use and disclose health information about you to provide you with medical treatment or services. To this end, we may communicate with other health care providers regarding your procedures and coordinate and manage your health care with others.

**Payment.** We may use and disclose health information about you to others for purposes of receiving payment for treatment and services that you receive. In some instances, we may disclose health information about you to an insurance plan before you receive certain health care services, to determine whether the insurance plan will pay for the particular service.

**Health Care Operations.** We may use and disclose health information about you for administrative and operational purposes. Healthcare information may be used internally for the purposes of assessing and improving quality performance. We may remove information that identifies you from this set of health information to protect your privacy and to allow others to use the information to study health care without learning the identity of the specific patients. We may also use and disclose medical information to:

- \* evaluate the performance of our staff and your satisfaction with our services;
- \* learn how to improve our facility and services;
- \* determine how to continually improve the quality and effectiveness of the health care we provide; and,
- \* conduct training programs or review competence of health care professionals.

**Organized Health Care Arrangement.** An organized health care arrangement is a clinically integrated care setting in which individuals typically receive health care from more than one health care provider. We may participate in organized health care arrangements with other health care facilities in connection with the services we furnish to patients in such settings. Health information may be shared between the participants in the organized health care arrangement for the health care operation of the arrangement.

**Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a family member or friend who is involved in your medical care. We also may give information about you to someone who helps pay for your care. If you do not specifically inform us of individuals who are to be excluded from involvement in your care or payment for your care, we will assume that we have your permission to release health information about you to family and friends as provided above. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status, and location.

**Business Associates.** We provide some services through contracts with business associates, such as accountants, consultants, and attorneys. When such services are contracted, we may disclose health information about you to our business associates so that they can perform the tasks that we have assigned to them. To protect your health information, we require the business associate to appropriately safeguard health information about you.

**Appointment Reminders.** We may use health information about you to provide appointment reminders.

**Future Communications.** We may communicate with you via newsletters, mailings, or other means regarding treatment options, health-related information, disease-management programs wellness programs, or other community-based initiatives or activities in which we are participating.

**Required by Law.** We may use and disclose health information about you as required by federal, state, or local law. For example, we may disclose health information for the following purposes:

- \* for judicial or administrative proceedings pursuant to legal authority;
- \* to report information related to victims of abuse, neglect, or domestic violence; and
- \* to assist law enforcement officials in their law enforcement duties.

**Public Health.** We may use or disclose health information about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Research.** We may use or disclose health information about you for research purposes under certain circumstances. For example, we may disclose health information about you to a research organization if an institutional review board or privacy board has reviewed and approved the research proposal, after establishing protocols to ensure the privacy of your health information.

**Health and Safety.** We may use or disclose health information about you to avert a serious threat to your health or safety or any other person pursuant to applicable law.

**Medical Examiners and Others.** We may use or disclose health information about you to medical examiners, coroners, or funeral directors to allow them to perform their lawful duties. If you are an organ or tissue donor, we

may use or disclose health information about you to organizations that help with organ, eye, and tissue donation and transplantation.

**Food and Drug Administration (FDA).** We may use or disclose health information for purposes of notifying the FDA of adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

**Information Not Personally Identifiable.** We may use or disclose health information about you in ways that do not personally identify you or reveal who you are.

**Government Functions.** We may use or disclose health information about you for specialized government functions, such as protection of public officials, national security, and intelligence activities, or reporting to various branches of the armed services.

**Workers Compensation.** We may use or disclose health information about you to comply with laws and regulations related to workers compensation.

**Correctional Institutions.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose health information about you. Such information will be disclosed to the correctional institution or law enforcement official when necessary for the institution to provide you with health care and to protect the health and safety of others.

**Contact Information.** If you have any questions, requests, or concerns about your health information rights or our use and disclosure of health information, please contact:

**Nathan T. Thomas, MD**  
7777 Forest Ln., Ste. C800  
Dallas, Texas 75230