

OBGYN Specialists of Texas
OBSTETRICS, GYNECOLOGY & INFERTILITY

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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 .We respect your privacy and treat all health care information about our patients with care under strict policies.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI):

1. **For treatment:** Verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us. This includes provision, co-ordination and management of health care and related services by one or more health care provider.
2. **Payment:** Activities undertaken in order to get reimbursed for the services provided to you, including organizing your PHI and submitting bills to insurance companies, management of billed claims for services rendered, medical necessity determinations, utilization review and collection of outstanding accounts.
3. **Health Care Operations:** Includes quality assurance activities, licensing, training programs to ensure that our staff and office meet standards of care and follow established policies and procedures.
4. **Government Agencies:** PHI may be disclosed to public health agencies as required by law such as law enforcement, Disease control, Court Order etc.

Any other use of and disclosures will be made only with prior authorization. You may revoke the authorization at any time.

Patient's Rights: The following rights can be exercised with a written request

1. The right to request restrictions on uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close family friends or any other person identified by you
2. The right to read and copy your protected health information, there may be a fee charged based on our office fee structure
3. The right to request changes to health information, if an individual believes that it is incorrect or incomplete
4. The right to receive an accounting of disclosures of protected health information
5. Register a complaint with the office if you suspect that your privacy rights have been violated

We reserve the right to change the terms of our Notices of Privacy Practices in accordance with the law. A revised policy will be made available as necessary.

I have received and reviewed the notice of privacy practices

Patient/ Legal Representative: _____ Date: _____