

## **Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

### **WHO WILL FOLLOW THIS NOTICE?**

Kathryn J Wood, M.D., P.A.

Misty Rogers, WHNP

All employees of Kathryn J. Wood, M.D., PA

We understand that medical information about you and your health is personal and we are committed to protecting this information. When you receive care at Kathryn J. Wood, M.D., PA, a record of the care and services you receive is made. Typically this record contains your treatment plan, history and physical, test results, and billing record. This record serves as a:

- Basis for planning your treatment and services;
- Means of communication among the physicians and other health care providers involved in your care;
- Means by which you or a third-party payor can verify that services billed were actually provided;
- Source of information for public health officials; and
- Tool for assessing and continually working to improve the care rendered.

This Notice tells you the ways we may use and disclose your PHI (Protected Health Information) referred to herein as "Medical information". It also describes your rights and obligations regarding the use and disclosure of medical information.

### **OUR RESPONSIBILITIES:**

Kathryn J Wood, M.D., PA shall:

- Make every effort to maintain the privacy of your medical information;
- Provide you with legal notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Kathryn J Wood, M.D., P.A. will notify you, and the Department of Health & Human Services of any unauthorized acquisition, access, use or disclosure of your unsecured medical information that presents a significant risk of financial, reputational or other harm to you to the extent required by law. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable or indecipherable as required by law.

## **THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways we may use and disclose your medical information. The examples provide service only as guidance and do not include every possible use or disclosure.

- **For Treatment:** We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. Ex: We may share your information with your PCP or other specialist to whom you are referred for follow-up care.
- **For Payment:** We will use and disclose your medical information about you so that treatment and service you receive may be billed and payment collected from you, an insurance company, or third party. Ex: we may need to disclose your medical information to a health plan in order for the health plans to pay for the services rendered to you.
- **For Health Care Operations:** We may use and disclose your medical information about you for office operations. These uses and disclosures are necessary to run Kathryn J Wood, MD PA in an efficient manner and provide that all patients receive quality care. Ex: your medical records and health information may be used in the evaluation of service, and the appropriateness and quality of health care treatment.
- **Appointment Reminders:** We may use and disclose your medical information in order to remind you of an appointment. Ex: Kathryn J Wood, MD PA may provide a written or telephone reminder that your next appointment is due or coming up.
- **As Required by Law:** We will disclose medical information about you when required to do so by Federal or Texas laws or regulations.
- **To Avert Serious Threat to Health or Safety:** We may use and disclose medical information about you to a medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety to the health or safety of another person.
- **Sale of Practice:** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

## **SPECIAL SITUATIONS**

- **Organ and Tissue Donation:** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ eye, or tissue transplantations.
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation:** We may release medical information about you for workers compensation or similar programs.
- **Qualified Personnel:** We may disclose medical information for management audit, financial audit or program evaluation, but the personnel may not directly or indirectly identify you in any report or audit evaluation or disclose your identity in any manner.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These generally include the following activities:
  - To prevent or control disease, injury or disability;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with Texas and federal laws and regulations.

- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
- **Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order or subpoena; or
  - If Kathryn J, Wood, MD PA determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner when authorized by law (*e.g.*, to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.
- **Inmates.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.
- **Other Uses or Disclosures.** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following right regarding medical information collected and maintained about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer for Kathryn J. Wood, MD, PA. If you request a copy of the information, Dr. Wood may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records.

Kathryn J Wood, MD, PA may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Dr. Wood will review your request and denial. The person conducting the review will not be the person who denied your request. Dr. Wood will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask Kathryn J. Wood, MD, PA to amend the information. You have the right to request an amendment for as long as the information is kept by Kathryn J. Wood, MD PA.

To request an amendment, your request must be made in writing and submitted to Dr. Wood. In addition, you must provide a reason that supports your request.

Kathryn J Wood, MD, PA may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Dr. Wood may deny your request if you ask us to amend information that:

- Was not created by Dr. Wood, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by Dr. Wood;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list you must submit your request in writing to Vicki McAdams, Practice Manager. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12- month period, you may be charged for the cost of providing the list. Kathryn J, Wood, M.D., PA 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 medical information Dr. Wood uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information Dr. Wood discloses about you to someone who is involved in your care or the payment for your care.

Kathryn J. Wood, MD, PA is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which Kathryn J. Wood, M.D., PA has been paid out of pocket in full. Should Dr. Wood agree to your request, Dr. Wood will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request in writing to Kathryn J. Wood, MD, PA. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit Kathryn J. Wood, MD, PA’s use and/or disclosure; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that Kathryn J. Wood, MD, PA communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that Kathryn J. Wood, MD PA contact you only at work or by mail.

- To request that Kathryn J, Wood, MD PA communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. Kathryn J. Wood, M.D. PA will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**CHANGES TO THIS NOTICE.**

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer.

**COMPLAINTS.**

If you believe your privacy rights have been violated, you may file a complaint with Kathryn J. Wood, MD, PA or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with Kathryn J. Wood, MD, PA, contact the Privacy Officer at 972-769-9663. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. The address for the Office of Civil Rights is:

*Secretary of Health & Human Services  
Region VI, Office for Civil Rights*

*U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169*

*Dallas, TX 75202*

All complaints should be submitted in writing.

***You will NOT be penalized for filing a complaint.***

**ACKNOWLEDGEMENT**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I acknowledge that **Kathryn J, Wood, M.D., PA** provided me with a written copy of her Notice of Privacy Practices.

I also acknowledge that I have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Personal Representative Signature (if applicable)

\_\_\_\_\_

Relationship to Patient

## Patient Consent for Release of Protected Health Information (PHI)

I, \_\_\_\_\_ give my consent to Kathryn J. Wood, M.D. P.A., to release my protected health information (PHI) to include, but not limited to: physical exam results, lab results or results of other diagnostic studies, medication information/changes, appointments, billing information, etc... to the following individuals:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

I understand that all releases of my PHI will be in compliance with Kathryn J Wood, M.D., P.A.'s Notice of Privacy Practices.

I consent to Kathryn J Wood, M.D., P.A. leaving detailed telephone messages to remind me of scheduled appointments and to inform me of the need to call the clinic and receive diagnostic test results or other communication at the following telephone number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I consent to a message being left for all normal lab results  
Yes No

This consent will expire only with written notification or updated consent from me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date