

# Summary of Notice of Privacy Practices

## Purpose

This Notice gives you information required by law about the duties and privacy practices of Northwest Houston Neurology, PA (NWHN) to protect the privacy of your protected health information (“PHI”), as the term is defined under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), in providing for your medical treatment and needs. **It describes how medical information about you may be used and disclosed and how you can access this information.** This Notice of Privacy Practices is a summarized version of our Full Notice of Privacy Practices available in our office.

## Northwest Houston Neurology Responsibility

We as the provider have the responsibility to make you aware of HIPAA and how it relates to you and your treatment. We are required to supply you with a written copy of the Summary of Notice of Privacy Practices and to make the full-length version of the Notice for Privacy Practices available to you. We also have the responsibility to accept formal complaints and may not retaliate against or attempt to dissuade you in that instance. We do, however, reserve the right to make changes or amendments to the Notice, but we will make any revisions known as soon as they are in place and provide you with a written copy of the revised notice.

## Patient Rights Regarding Medical Information

HIPAA allows you, the patient, various rights in regards to your PHI. To exercise any of the following rights, you must submit a written request to the office:

- **Inspect and copy.** You have the right to inspect and copy your health information unless in a circumstance prohibited by law. You may be charged a fee by NWHN, in accordance with Texas Law.
- **Request Amendment.** If believe the PHI maintained is wrong, you may request an amendment. NWHN is not required to agree with this request.
- **Request Restrictions.** You may request limitations on how NWHN uses and/or discloses your PHI. NWHN does not have to agree to the request. If NWHN agrees, we will comply with your request unless there is an emergency or it is otherwise required by law.
- **Receive confidential communications.** You may request that NWHN communicate with you in a certain manner or a certain location. You must be specific, otherwise, any contact information provided by you will be utilized including addresses, phone numbers or email addresses.
- **Accounting Disclosures.** You may request a list of disclosures made by NWHN of your PHI to persons or entities other than for the purpose of treatment, payment of health care operations, or pursuant to your specific authorization.
- **File a complaint with NWHN or the Secretary of Health and Human Services** if you feel your rights have been violated.

## Use and Disclosure of Your Protected Health Care Information

The following is a list of ways NWHN may use and disclose your PHI. Not every possible use or disclosure in any given section is listed. However, all of the ways NWHN is permitted to use and disclose your PHI will fall within one the categories:

**Treatment** NWHN may use your PHI to provide you with medical treatment or services. NWHN may disclose your PHI to doctors, nurses, technicians, pharmacists, medical students or other members of your health care team.

**Payment** NWHN may use and disclose your PHI to obtain payment from your insurance company or third party. NWHN may also disclose your PHI to other health care providers to assist those providers in obtaining payment from your insurance company or third party.

**Health Care Operations** NWHN may use and disclose your PHI for routine health care operations.

**Appointments and Alternatives** NWHN may use and disclose your PHI to contact you to provide appointment reminders, prescriptions refill reminders, and other communications regarding your case management or health care conditions.

**Business Associates** NWHN may disclose your PHI to NWHN business associates in order to carry out treatment, payment, or other healthcare operations. Under certain circumstances, we may use and disclose PHI for research purposes.

**Health Oversight Activities** NWHN may disclose your PHI to a health oversight agency or entity for activities authorized by law, such as audits, investigations, and licensure.

**Public Health Activities** As required by law, NWHN may disclose your PHI for public health activities.

You may revoke any prior authorization in writing. A written revocation will not apply to any previous use or disclosure of PHI made in good faith under a prior authorization.