

RESEARCH/TEACHING/TRAINING

We may use your information for the purpose of research, teaching and training.

HEALTHCARE OVERSIGHT

Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

PUBLIC HEALTH REPORTING

Your health information may be disclosed to public health agencies as required by law.

APPOINTMENT REMINDERS

The practice may use your information to remind you about upcoming appointments. Typically appointments reminders are sent by mail or a brief, non-specific message may be left on your answering machine. If you don't approve of these methods, or if you prefer alternative methods, methods please inform the practice.

OTHER USES AND DISCLOSURES

Disclosure of your health information or its use for any purpose other than those listed above required your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of NORTHEAST TARRANT INTERNAL MEDICINE ASSOCIATED.

Please contact:

**PRIVACY OFFICER
NORTHEAST TARRANT INTERNAL
MEDICINE ASSOCIATES
469 WESTPARK WAY
EULESS, TEXAS 76040
817-283-2888**

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Officer or you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Officer or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

**OFFICE FOR CIVIL RIGHTS
U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES
200 INDEPENDENCE AVENUE, S.W.
ROOM 509F, HHH BUILDING
WASHINGTON, D.C. 20201**

Effective March 1, 2009: NETIMA will be implementing EMR (electronic medical records) within our practice. Protected health information will be stored electronically within our practice EMR system and included in the secure and protected community health information exchanged, Sandlot Connect. For further information regarding Sandlot Connect please call 1-844-632-2095

NOTICE OF PRIVACY POLICIES AND PRACTICES FOR NORTHEAST TARRANT INTERNAL MEDICINE ASSOCIATES

Dear Patient:

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

INTRODUCTION

At Northeast Tarrant Internal Medicine, we are committed to protecting medical information about you. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION

Each time you visit Northeast Tarrant Internal Medicine Associates a record of your visit is made. Typically, this record contains information about your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information often referred to as your

Health or medical records, serves as a:

- Basis for planning your care and Treatment
- Means of communication with other health professionals involved in your care.
- Legal document outlining and describing the care you received
- a tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided.
- An education tool for medical health providers.
- A source for medical research.
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A source of data for planning and/or marketing

A tool that we can reference, to ensure the highest quality of care and patient satisfaction.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR RIGHT

You have certain rights under federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and receive a copy of your protected health information.
- The right to amend or submit corrections to your protected health information

-The right to receive an accounting of how and to whom your protected health information has been disclosed

-The right to receive a printed copy of this notice

OUR RESPONSIBILITIES

NORTHEAST TARRANT INTERNAL MEDICINE ASSOC. is required to:

- Maintain the privacy of your health information
- Provide with this notice as to our legal duties and privacy practices with respects to information we collect and maintain about you
- Abide by the terms of this notice
- Accommodate reasonable requests you may have regarding communication of health information via alternative means or locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policy and practices may be required changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit.

The revised policies and practices will be applied to all health information that we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use, or disclose your health information after we receive a written revocation of the authorization according to procedures included in the authorization.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We will use your health information for treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health,

diagnosing medical conditions and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment. Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered.

We will use your information for regular health operations. Your health information may be used as necessary to support the day-to-day activities and management of Northeast Tarrant Internal Medicine Assoc. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

BUSINESS ASSOCIATES In some instances; we have contacted separate entities to provide services for us. These “associates” require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these “business associates” might be billing service, collection agency, answering services and computer software/hardware providers.

COMMUNICATION WITH FAMILY Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individuals to have authorization to receive your information.