

# ARTHRITIS & OSTEOPOROSIS CLINIC OF BRAZOS VALLEY

## Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires us to provide our patients with a notice of our privacy practices. This notice describes how your protected health information (PHI), or any health information which could be used to identify you as the individual patient who is associated with that health information, may be used and disclosed by the Arthritis & Osteoporosis Clinic of Brazos Valley (AOC), our duties to protect that information, your rights as a patient regarding your PHI, and who to contact if you believe your privacy rights have been violated.

**Use and Disclosures:** Your physician, the office staff of AOC, and others involved in your care and treatment outside of our office may collect, use and disclose your PHI via fax, telephone and email. AOC may disclose your PHI to other doctors, hospitals, or surgical or diagnostic facilities for the purpose of diagnosing or treating you; to insurance and third party payers for the purpose of obtaining payment for your health care bills; and to business associates we have contracted to perform services such as transcription, billing, collections, appointment reminder, and answering services. AOC may contact you and leave messages for you with appointment reminders and health-related treatment alternatives and services that may interest you.

Without your authorization AOC may use or disclose your PHI in the following situations: as Required By Law, Public Health Issues required by law; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates; Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.

**Your Rights:** You have a right to inspect and copy your PHI, which is used to make decisions about your care. HIPAA allows us to charge a reasonable fee for copies and you may not inspect or copy the following records: psychotherapy notes; information compiled in anticipation of litigation; information that identifies the person who provided us information under a promise of confidentiality; information subject to Clinical Laboratory Improvements Amendments of 1988; and PHI that is subject to law that prohibits access to PHI. Texas law requires these requests to be in writing and you may do so by writing to the privacy officer listed at the end of this notice. You have the right to amend your PHI by writing to the privacy officer listed, if that information is inaccurate or incomplete. If we deny your request, we must provide you with a written denial and allow you to submit a statement of disagreement for inclusion in the record.

You have right to request that we restrict how your PHI is used or disclosed, but we do not have to agree to your requests for restriction. However, if we do agree, we must comply with your request, except under emergency situations. Please send your requests in writing to the privacy officer listed at the end of this notice and include the following: the information to be restricted, what kind of restriction you are requesting (i.e. on the use of information, disclosure of information, or both) and to whom these limits apply.

You have the right to receive confidential communications. You may request that we communicate with you by alternate means or to an alternate location. We are required to accommodate reasonable requests. You may do so by writing to the privacy officer listed at the end of this notice and specify exactly how and where you want us to communicate with you.

**Our Duties:** We are required by law to protect the privacy of your PHI, to provide you with a notice of our privacy practices regarding that information, and to abide by the terms of the notice of the privacy practices in effect. Copies of our privacy practices are also available in our office lobby and online at [www.aocbv.com](http://www.aocbv.com).

**Complaints:** You may complain to our privacy officer at the address and number below or to the Department of Health and Human Services, if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

**Privacy Officer:**  
**Kim Zapata – Practice Manager**  
1721 Birmingham Dr., Ste. 204  
College Station, TX 77845  
(979) 696-8000

**Leon Rodriguez, Director**  
**Office for Civil Rights**  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

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