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## NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used, disclosed and safeguarded, and how you can access this information. Please review it carefully. A larger print copy is available upon your request.**

### **I. My Responsibility as Your Treating or Consulting Physician**

The confidentiality of your personal health information is very important. Your health information includes records that I create and obtain when I provide treatment for you, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that I maintain related to your treatment or consultation.

This Notice describes how I handle your health information and your rights regarding this information. Generally speaking, I am required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of my duties and privacy practices regarding the health information about you that I collect and maintain;
- Follow the terms of our Notice currently in effect.

If you have any questions, please feel free to discuss any concerns regarding privacy practices with my business manager or me.

### **II. Contact Information: To Request Information or File a Complaint**

After reviewing this Notice, if you need further information or want to contact my office for any reason regarding the handling of your health information, please direct any communication to the following contact person:

Whitney H. Mitchell, MD and HIPAA Compliance Officer  
910 Gruene Road Bldg 1  
New Braunfels, TX 78130  
(830) 625-0600 Phone  
(830) 625-0603 Fax

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to my business manager. Alternatively, you may complain to the Secretary of Health and Human Services (HHS). I cannot, and will not, make you waive your right to file a complaint with HHS as a condition of receiving care or penalize you for filing a complaint with HHS.

Secretary of Health and Human Services (HHS)  
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  
telephone: 1-800-368-1019  
e-mail address: OCRprivacy@hhs.gov.

### **III. Uses and Disclosures of Information**

Under federal and state law, I am permitted to use and disclose personal health information without authorization under specific circumstances for treatment, payment, and health care operations.

#### **Example of using or disclosing health information for treatment:**

I may need to contact other treating professionals to share medical information to coordinate your overall treatment. When I refer you to another physician or health professional, I will share some of your medical information to facilitate the delivery of care. I will do this without your authorization only in urgent or emergent situations, and I will disclose only the minimum amount of information necessary for this purpose.

#### **Example of using or disclosing health information for payment:**

I submit a bill to your health insurer to receive payment for your care; the insurer asks for health information (for example, your diagnosis and treatment) in order to pay. In such situations, I will disclose only the minimum amount of information necessary for this purpose.

#### **Example of using or disclosing health information for health care operations:**

In the course of providing treatment to patients, I perform certain important functions such as quality assessment, training programs, credentialing, medical review, etc. In performing such functions, I may rely on certain business associates for assistance. I will share with business associates only the minimum amount of personal health information necessary for this purpose.

### **IV. Other Uses/Disclosures That Can Be Made Without Your Authorization**

In addition to uses and disclosures related to treatment, payment, and health care operations, I may also use and disclose your personal information without authorization for the following additional purposes:

#### **Abuse, Neglect, or Domestic Violence**

As required or permitted by law, I may disclose health information about you to a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, I will use my professional judgment in deciding whether or not to make such a report. Texas law requires physicians to report child abuse or neglect. State regulations permit disclosure of personal health information to report abuse or neglect of elders or the disabled. If feasible, I will inform you promptly that I have made such a disclosure.

#### **Business Associates**

I may share health information about you with business associates who are performing services on my behalf. For example, I may contract with a company to service and maintain my office's computer systems, or to assist with billing and collections. My business associates are obligated to safeguard your health information. I will share with my business associates only the minimum amount of personal health information necessary.

### **Communicable Diseases**

To the extent authorized or required by law, I may disclose information to a person who may have been exposed to a life-threatening communicable disease or who is otherwise at risk of spreading a disease or condition.

### **Communications with Family and Friends**

I may disclose information about you to persons, such as family members, relatives, or close personal friends, whom you have identified as responsible for your care or for payment of your treatment. Any such disclosure will be limited to information directly related to the person's involvement in your treatment.

If you are available, I will provide you an opportunity to object before disclosing any such information. If you are unavailable because you are incapacitated or because of some other emergency circumstance, I will use my professional judgment to determine what is in your best interest regarding any such disclosure.

### **Coroners, Medical Examiners, and Funeral Directors**

I may disclose health information about you to a coroner or medical examiner, for example, to assist in the identification of a decedent or determining cause of death. I may also disclose health information to funeral directors to enable them to carry out their duties.

### **Disaster Relief**

I may disclose health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts.

If you are available, I will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated, I will use my professional judgment to determine what is in your best interest and whether a disclosure may be necessary to ensure an adequate response to the emergency circumstances.

### **Food and Drug Administration (FDA)**

I may disclose health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.

### **Health Oversight**

I may disclose health information about you for oversight activities authorized by federal or state law or to an authorized health oversight agency to facilitate auditing, inspection, or investigation related to my provision of health care, or to the health care system.

### **Judicial or Administrative Proceedings**

I may disclose health information about you in the course of a judicial or administrative proceeding, in accordance with state or federal law.

### **Law Enforcement and Specialized Government Functions**

I may disclose health information about you to a law enforcement official for certain law enforcement purposes. For example, I may report certain types of injuries as required by federal or state law, assist law enforcement to locate someone such as a fugitive or material witness, or make a report concerning a crime or suspected criminal conduct

Examples of limited circumstances under which I may disclose your personal health information include the following situations:

- Pursuant to a legal process, such as a warrant or a subpoena
- Pursuant to a crime that has occurred on my office premises
- Pertaining to locate a fugitive, missing person, or suspect
- Pertaining to a victim of crime and you are incapacitated or I am unable to obtain your authorization for disclosure
- Pertaining to a person who has died under circumstances that may be related to criminal conduct

I may disclose health information about you for certain specialized government functions, as required by law. Among these functions are the following:

- National security and intelligence activities
- Protection of the President and other government officials
- Protection of the health, safety, and security of correctional institutions

### **Minors**

If you are an unemancipated minor under Texas law, there may be circumstances in which I disclose health information about you to a parent, guardian, or other person acting *in loco parentis*, in accordance with my legal and ethical responsibilities.

### **Parents**

If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, I may disclose health information about your child to you under certain circumstances. For example, if I am legally required to obtain your consent as your child's personal representative in order for your child to receive care from us, I may disclose health information about your child to you.

In some circumstances, I may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his or her personal representative, I may not disclose health information about your child to you without your child's written authorization.

### **Personal Representative**

If you are an adult or emancipated minor, I may disclose health information about you to a personal representative authorized to act on your behalf in making decisions about your health care.

### **Psychotherapy Notes**

During the course of your treatment, I may keep separate notes of your therapy sessions. These notes, known as "psychotherapy notes", are kept apart from the rest of your medical record, and do not include basic information such as your medication treatment record, counseling session start and stop times, the types and frequencies of treatment you receive, or your test results. They also do not include any summary of your diagnosis, condition, treatment plan, symptoms, prognosis, or treatment progress.

Psychotherapy notes may be disclosed by me only after you have given written authorization to do so. (Limited exceptions exist, e.g. in order to prevent harm to yourself or others, or to report child abuse or neglect). You cannot be required to authorize the release of your psychotherapy notes in order to obtain health-insurance benefits for your treatment or to enroll in a health plan. Psychotherapy notes are not among the records that you may request to review or copy.

### **Public Health Activities**

As required or permitted by law, I may disclose health information about you to a public health authority, for example, to report disease, injury, or vital events such as death.

### **Public Safety**

Consistent with our legal and ethical obligations, I may disclose health information about you based on a good faith determination that such disclosure is necessary to prevent serious and imminent harm to yourself or to other specific individuals.

### **Required By Law**

I may disclose health information about you as required by federal, state, or other applicable law.

### **Workers' Compensation**

I may disclose health information about you for purposes related to workers' compensation, as required and authorized by federal and state law.

## V. Your Health Information Rights

Under the U.S. Dept. of Health and Human Services' Health Insurance Portability and Accountability Act (HIPAA), you have certain rights regarding the health information that I collect and maintain about you. This includes your right to request restrictions, to receive confidential communication by alternative means, to inspect and/or request copies of your protected health information, to request amendments of personal medical information, to request an accounting of certain disclosures, and to file complaints.

### **Request for Restrictions**

You may request that I restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. I do NOT have to agree to your requested restriction, but I will make efforts to comply with your request except under urgent or emergency circumstances.

To request a restriction, submit the following in writing: 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 the limits apply. A form is available in my office for this purpose. Please submit the request to my business manager/HIPAA compliance officer (see Section III).

### **Request to Receive Confidential Communication by Alternative Means**

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to my business manager/HIPAA compliance officer (see Section III). I am required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want my office to communicate with you, and if you are requesting information to be sent to an alternative location, the contact and address information.

### **Request to Inspect and for Copies of Protected Health Information**

You may request to review, or to receive a copy of, the health information about you that is used to make decision about your care. Texas law requires that requests for copies be made in writing and I ask that requests to inspect your medical information also be made in writing. You may request a form for these purposes from my office and return the written request to my business manager/HIPAA compliance officer (see Section III).

Under Texas law your request may be denied, in the exercise of my professional judgment, under the following circumstances:

If I determine that the access requested is reasonably likely to endanger the life or physical safety of yourself or another person, or if disclosure would substantially exacerbate illness

If the requested information makes reference to another person (unless such other person is a health care provider) and I determine that the access requested is reasonably likely to cause substantial harm to the other person or violate that person's rights to confidentiality

If the request for access is made by your personal representative and I determine that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person

If the requested information has been compiled in anticipation of litigation

I can refuse to provide access to or copies of certain protected health information for other reasons. If I am unable to satisfy your request, I will notify you in writing the reason for the denial and your right, if any, to request a review of the decision. Another licensed health provider who was not involved in the prior decision to deny access will make any such review.

The Texas State Board of Medical Examiners (TSBME) requires that I must respond within fifteen days of your written request of copies of medical records or a summary narrative. Federal (HIPAA) and state (TSBME) law permits reasonable charges to copy medical records. The lower of the fees permitted by HIPAA or TSBME will be charged.

**Request to Amend Protected Health Information**

You may request that I amend the health information about you that is maintained in my files and the files of my business associates. Your request must explain why you believe my records about you are incorrect, or otherwise require amendment. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.

**Request for Accounting of Disclosures**

You may request a list of my office's disclosures of your health information. This list, known as an "accounting", refers to disclosures that are OTHER than for treatment, payment, health care operations, or made upon authorization signed by you or your representative. Your request should indicate the period of time in which you are interested (for example, "from May 1, 2003 to June 1, 2003") and should be submitted to my business officer/HIPAA compliance officer (see section III). I will provide you the accounting free of charge. However, if you request more than one accounting of disclosures in any 12-month period, I may charge for the cost of preparing and providing the list.

**Request for a Copy of Notice of Privacy**

You may request a copy of the Notice of Privacy by contacting my business manager/HIPAA compliance officer (see Section III). In order to exercise any of your rights described above, you must submit your request in writing to me. If you have questions about your rights, please speak with me. I am available in person or by phone on weekdays 9:00 AM – 3:00 PM (see Section III).

**VI. Appointment Reminders, Treatment Alternatives, and Other Health-Related Benefits**

My office staff and I may contact you by telephone, cellular phone, pager, voice mail, or postal delivery mail to provide appointment reminders, information about treatment alternatives, or other health-related benefits that may be relevant to your healthcare.

**VII. Revisions to this Notice**

I reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, our legal duties, or other privacy practices described in the Notice, I will promptly distribute the revised Notice, post it, make copies available to you.

**VIII. Effective Date:**

January 1<sup>st</sup>, 2009

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