
Gastroenterology Practice Associates, PLLC
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HIPAA NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability
and Accountability Act of 1996 (HIPAA)

EFFECTIVE DATE: September 20, 2013

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT
YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice, please contact the Privacy Officer, Gastroenterology
Practice Associates, PLLC at 301 Highlander Blvd Ste 121, Arlington, Texas 76018.

Tel: 817-468-7200, Fax: 817-468-7201

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of Protected Health Information (hereafter PHI)
- Give you this notice of our legal duties and privacy practices regarding Protected Health Information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE THE DISCLOSE PHI:

The following describes the way we may use and disclose PHI that identifies you. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

MINIMUM NECESSARY:

We will make reasonable effort to limit the PHI to the minimum necessary to accomplish the intended purpose of the use and disclosure. This does not apply to disclosures to (i) other health care providers for treatment; (ii) disclosure made to you the patient; (iii) disclosures made pursuant to an authorization; (iv) disclosure made to Department of Health and Human Services (DHHS); (v) disclosure required by law; and (vi) disclosures required for compliance with HIPAA.

FOR TREATMENT:

We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose your PHI to doctors, nurses, laboratories, radiology facilities and other personnel, including other people outside our practice, who are involved in your medical care and need the information to provide you with medical care.

FOR PAYMENT:

We may use and disclose your PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example; we may give your health plan information about you so that they will pay for your treatment. We may also disclose information to a collection agency to assist in efforts to receive payment from you. This office currently uses Credit Systems International Inc. based in Fort Worth, TX.

FOR HEALTHCARE OPERATIONS:

We may use and disclose your PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our practice. For example; we may use disclosed information to evaluate the quality of care you received from us. We also may share information with other entities that have a relationship with you (example: your health plan) for their health care operation activities.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES and HEALTH RELATED BENEFITS and SERVICES:

We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives to health-related benefits and services that may be on interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE OF PAYMENT FOR YOUR CARE:

When appropriate, we may share PHI with a person who is involved in your medical care or payment for you care, such as you family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

RESEARCH:

We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

SPECIAL SITUATIONS:

- i. **As Required By Law:** We will disclose PHI when required to do so by international, federal, state or local law.
- ii. **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- iii. **Business Associates:** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example; we may use another company to perform collections, information technology security monitoring, back-up data/disaster recovery. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as required by the HIPPA Privacy and Security regulations.
- iv. **Organ and Tissue Donation:** If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- v. **Military and Veterans:** If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.
- vi. **Workers' Compensation:** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- vii. **Public Health Risks:** We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report deaths; report abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who have been exposed to a disease or may be at risk for contracting or spread a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- viii. **Childhood Immunizations (Release of information to schools):** This practice does not provide immunizations.
- ix. **Health Oversight Activities:** We May disclose PHI to a health oversight agency for activities authorized by law. 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, and compliance with civil rights laws.
- x. **Data Breach Notification Purposes:** We may use or disclose your protected PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.
- xi. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- xii. **Law Enforcement:** We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the results of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- xiii. **Coroners, Medical Examiners and Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.
- xiv. **National Security and Intelligence Activities:** We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- xv. **Protective Services for the President and Others:** We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
- xvi. **Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be necessary; (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURE THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT:

- i. **Individuals Involved in your care or payment for your care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment
- ii. **Disaster Relief:** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of you location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.
- iii. **Fundraising:** This practice does not participate in any form of fundraising and will therefore not distribute any such literature to patients.
- iv. **Medical Device Tracking:** Under the FDA regulations regarding medical device tracking requirements, a patient receiving such device has the right to refuse to release, or refuse permission to release PHI for the purpose of tracking. This practice uses such devices small bowel capsule, the information on these devices used for a patient will be retained in their medical records and only released to a manufacturer or its representative in the event there is a defective device. This practice also uses devices such as biliary stents, hemoclips and pH capsule, the information on these devices used for a patient will

be retained at the facility in which the procedure was performed. Please contact the facility directly. Medical Center of Arlington 817-465-3241 or Trinity Park Surgery Center 817-375-3970.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

The following uses and disclosures of your PHI will be made only with your written authorization.

- a. Uses and disclosures of PHI for marketing purposes; and
- b. Disclosures that constitute the sale of your PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

PATIENT RIGHTS:

You have the following rights regarding the PHI that we maintain about you:

- i. **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your care or payment of your care. This includes medical and billing records, but does not include psychotherapy notes. To inspect and obtain a copy of PHI, you must submit your request, in writing, to the Privacy Officer, Gastroenterology Practice Associates, PLLC at 301 Highlander Blvd Ste 121, Arlington TX 76018. In Texas we have up to 15 business days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- ii. **Right to an Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format, or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- iii. **Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.
- iv. **Right to Amend:** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our practice. To request an amendment, you must make your request, in writing, to the Privacy Officer, Gastroenterology Practice Associates, PLLC at 301 Highlander Blvd Ste 121, Arlington TX 76018.
- v. **Right to Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosure, you must make your request, in writing, to the Privacy Officer, Gastroenterology Practice Associates, PLLC at 301 Highlander Blvd Ste 121, Arlington TX 76018.
- vi. **Right to Request Restrictions:**
 - a. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations.
 - b. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example; you could ask that we not share information about a particular diagnosis or treatment with your spouse.
 - c. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us 'out-of-pocket' in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
 - d. To request a restriction you must make your request, in writing, to the Privacy Officer, Gastroenterology Practice Associates, PLLC at 301 Highlander Blvd Ste 121, Arlington TX 76018.
- vii. **Out-of Pocket-Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) if full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- viii. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example; you can ask we only contact you by mail or at work. To request confidential communications you must make your request, in writing, to the Privacy Officer, Gastroenterology Practice Associates, PLLC at 301 Highlander Blvd Ste 121, Arlington TX 76018. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- ix. **Right to Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.gpagastropractice.com. To obtain a paper copy of this notice, please ask any one of our office team or request, in writing to

the Privacy Officer, Gastroenterology Practice Associates, PLLC at 301 Highlander Blvd Ste 121, Arlington TX 76018.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. All complaints must be made in writing. To file a complaint:

- a. For complaints involving covered entities located in Arkansas, Louisiana, New Mexico, Oklahoma, or Texas: Region VI:
Office for Civil Rights
US Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
TEL (214) 767-4056
FAX (214) 767-0432.
TDD (214) 767-8940.
- b. To file a complaint with our office, contact the Privacy Officer,
Gastroenterology Practice Associates, PLLC at 301 Highlander Blvd Ste 121,
Arlington TX 76018. Tel: 817-468-7200 Fax: 817-468-7201

This notice was published and becomes effective on September 20, 2013 and supersedes all prior notices.

Gastroenterology Practice Associates, PLLC
Olufemi J. Abiodun, M.D.
Ayodele Osowo, M.D.

NOTICE OF PRIVACY PRACTICES:
Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices of Gastroenterology Practice Associates, PLLC*. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information and your rights related to the Use and Disclosure of your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, a notice will be posted in the office and on our website, you may obtain a copy of the revised notice by: Asking the staff at the reception desk in the office or by *requesting a copy from our office at Gastroenterology Practice Associates, PLLC at 301 Highlander Blvd. Ste 121, Arlington, TX 76018, or calling 817-468-7200.*

If you have any questions about our *Notice of Privacy Practices*, please contact:

Privacy Officer, Gastroenterology Practice Associates, PLLC at 301 Highlander Blvd. Ste 121, Arlington, TX 76018

Or calling 817-468-7200

I acknowledge receipt of the *Notice of Privacy Practices of Gastroenterology Practice Associates, PLLC*.

Name: _____ Relation to Patient: _____

Signature: _____ Date: _____

Witness Name: _____ Date: _____

Witness Signature: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

- Notice of Privacy Practices Given – Patient Declined to Sign
- Notice of Privacy Practices Given – Patient unable to sign:
 - Unconscious
 - Communication / Language Barrier
 - Other reason patient / legal representative unable to sign: _____

Name of Privacy Officer: _____

Signature of Privacy Officer: _____ Date: _____