

Houston Endocrine Center

5039 FM 2920, Spring, TX - 77388 • Phn: (832)862-3236 • Fax: (949)862-8753

Notice of Privacy Practices

Our Legal Duty

We are required to protect the privacy of health information about you, which we call “protected health information” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present or future health condition, health care we provide to you or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and /or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our office.
- Making copies of the revised notice available upon request: and
- Posting the revised notice in our waiting area.

Use and Disclosure of Your Medical Information

1. We may use and disclose PHI about you to provide health care treatment to you. We may use and disclose PHI to provide, coordinate, or manage your healthcare and related services.
2. We may use and disclose PHI about you to obtain payment for services. Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you.
3. We may use and disclose your PHI for healthcare operations. We may use and disclose PHI in performing business activities, which we call “healthcare operations”. These “healthcare operations” allow us to improve the quality of care we provide and reduce healthcare costs.
4. We may use and disclose PHI under other circumstances without your authorization. We may use and /or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. Those circumstances include:
 - Court Orders and Judicial Proceedings.
 - Public Health Activities.
 - Victims of Abuse, Neglect, or Domestic Violence.
 - Disaster Relief.
 - Funeral Director, Coroner, Medical Examiner.
 - Research in Limited Circumstances.
 - Law Enforcement.
5. Unless you object, we may use or disclose PHI about you in the following circumstances:

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- We may share with a family member, relative, friend or other person identified by you directly related to that person's involvement in your care or payment of your care.
 - We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of you location, general condition or death.
 - We may share with a public or private agency PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary, for the emergency circumstances.
6. We may contact you to provide appointment reminders. We may use and disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.
 7. We may contact you with information about treatment, services, products or healthcare providers. We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers.

Any Other Use or Disclosure of PHI about You Requires Your Written Authorization

YOUR INDIVIDUAL RIGHTS

1. You have the right to request restrictions on uses and disclosures of PHI about you.
2. You have the right to request different ways to communicate with you.
3. You have the right to see and copy PHI about you.
4. You have the right to request amendment of PHI about you.
5. You have the right to a listing of disclosures we have made.
6. You have the right to a copy of this notice.

You May File a Complaint about Our Privacy Practices

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us.

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.