



# The Back and Neck Clinics

BELLAIRE • PEARLAND

Dr. Abraham G. Thomas, M.D., P.A.  
BOARD CERTIFIED IN PAIN MEDICINE  
AMERICAN BOARD OF ANESTHESIOLOGY

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have reviewed this office's Notice of Privacy Practices document, which explains how my medical information will be used and disclosed by this office. I understand that I am entitled to receive a copy of this document at any time.

\_\_\_\_\_  
Patient Signature or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Personal Representative Title

5420 W. LOOP SOUTH, STE 4300  
BELLAIRE, TEXAS 77401  
713-797-0876 713-797-1601

10905 MEMORIAL HERMANN DR STE 203  
PEARLAND, TX 77584  
713-797-0876 713-797-1601

# Abraham Thomas, MD., P.A.

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

This notice describes our privacy practices. We may change our policies and this notice at any time and have those revised policies apply to all protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request a paper copy of this notice, or revised notice, at any time (even if you have allowed us to communicate with you electronically). For more information about this notice or our privacy practices and policies, please contact the person listed at the end of this document.

### **Treatment, Payment, Health care Operations**

#### **Treatment**

We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this practice is the specialist. When we provide treatment we may request from your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

#### **Payment**

We are permitted to use and disclose your medical information to bill and collect payment for the services we provide to you. For example, we may complete a claim form to obtain payment from the insurer or HMO. That form will contain medical information, such as description to use medical services provided to you, that the insurer or HMO needs to approve payment to us.

#### **Health Care Operations**

We are permitted to use or disclose your medical information for purposes of health care operation, which are activities that support this practice and ensure that quality care is delivered.

For example: Information obtained by the physician, physician assistant, or other member of your health care team will be recorded in your record and used to determine that course of treatment that should work best for you. Your physician will document in your record his expectations of the members for health care team. Members of your health care team will then record actions they took and their observations. In that way, the physician will know how you are responding to treatment.

For example: Members of the medical staff or members of the quality improvement team may use information in your health record to assess the care and outcomes in your care and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide

#### **Business Associates**

For example, there are some services provided in our organization through contracts with business associates. For example, include physician services in the emergency department and radiology, ambulatory surgical centers, certain laboratory tests, and medical equipment facility's staff. When these services are contracted, we may disclose your health information to our third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### **Disclosures That Can Be Made Without Your Authorization**

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on that authorization.

## **Public Health, Abuse or Neglect, and Health Oversight**

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like birth or death), or injury by the public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease condition. We may disclose your medical information to report reactions to medications, problems with products, or notify people of recalls of products they may be using.

Because Texas law requires physicians to report child abuse or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law also requires a person having cause to believe that an elderly or disabled person in the state of abuse, neglect, or exploitation to report the information to the state, and HIPPA privacy regulations permit the disclosure of information to report abuse or neglect of elders of disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Example of these activities are audits, investigation, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights law.

## **Legal Proceedings and Law Enforcement**

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided:

- The information released pursuant to legal process, such as a warrant or subpoena;
- The information pertains to a victim of crime and you are incapacitated;
- The information pertains to a person who had died under circumstances that may be related to criminal conduct;
- The information is about a victim of a crime and we are unable to obtain the person's agreement;
- The information is released because of a crime that has occurred on these premises; or
- The information is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen imminent threat to the health or safety of a person.

## **Workers' Compensation**

We may disclose your medical information as required by workers' compensation law.

## **Inmates**

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

## **Military, National Security and Intelligence Activities, Protection of the President**

We may disclose your medical information for specialized government functions such as separation or discharge from military services, request as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the president of the United States, other authorized government, officials, or foreign heads of state.

## **Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors**

When a research project and its privacy protections have been approved by an institutional review board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased person or cause of death. Further, we may release your medical information to a funeral director when such a disclosure is necessary for the director to carry out his duties.

## **Required by Law**

We may release your medical information when the disclosure is required by law.

## **Your Right Under Federal Law**

The U.S. Department of Health and Human Services created regulations intended to protect patient privacy by the Health Insurance Portability and Accountability Act (HIPPA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPPA rights.

## **Requested Restrictions**

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or health care operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request expect under emergency circumstances.

You also may request that we limit disclosure to family members, other relatives, or close personal friends who may or may not be involved in your case.

To request a restriction, submit the following in writing: (a) the information to be restricted, (b) what kind of restriction you are requesting (i.e., on the use of information, disclosure of information, or both), and (c) to whom the limits apply. Please send the request to the address and person listed at the end of this document.

## **Receiving Confidential Communications by Alternative Means**

You may request that we send communications to protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only reasonable request. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/ address information.

## **Inspection and Copies of Protected Health Information**

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decision about your care. Texas Law requires that request for copies be made in writing, and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed at the end of this document.

We may also ask that narrative of that information be provided rather than copies. However, if you do not agree to our request, we will provide copies.

We can refuse to provide some of the information you ask to inspect or ask to be copied for the following reasons:

- The information is psychotherapy notes
- The information reveals the identity of a person who provided information under the promise of confidentiality.
- The information is subjected to the Clinical Laboratory Improvements Amendments of 1988.
- The information has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we arrange for review of our decision on your request. Any such review will be made by another licensed health care provider who was not involved in the prior decisions to deny access.

Texas law requires us to be ready to provide copies or narrative within 15 days of your request. We will inform you when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPPA permits us to charge a reasonable cost-based fee.

## **Amendment of Medical Information**

You may request amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed at the end of this document. We will respond within 60 days of your request. We may refuse to allow an amendment for the following reasons:

- The information wasn't created by the practice of the physician in this practice.

- The information is not part of the designated record set.
- The information is not available for inspection because of an appropriate denial.
- The information is accurate and complete.

Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your medical record. If we refused to allow an amendment, we will inform you in writing.

If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know have the incorrect information.

### **Accounting of Certain Disclosures**

HIPPA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to a person at the end of this document. Your first accounting of disclosures (within a 12 month period) will be free. For additional request within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request before any cost are incurred.

### **Appointment Reminders, Treatments Alternatives, and Other Benefits**

We may contact you by (telephone, mail, or both) to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

### **Complaints**

If you are concerned that your privacy rights have been violation, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us, or to the government.

### **Our Promise to You**

We are required by law and regulations to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protect health information, and to abide by the terms of the notice of privacy practices in effect

### **Question and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above please contact:

#### **Dr. Abraham Thomas Office**

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