



## Northwest Houston Cardiology PA

13325 Hargrave Road #100

Houston, TX 77070

281-469-8007

# 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.

Protected health information, about you, is obtained as a record of your contacts or visits for healthcare services with Trinity Healthcare and Northwest Houston Cardiology PA. This information is called protected health information. Specifically, "Protected Health Information" (PHI) is information about you, including demographic information (i.e., name address, phone number, insurance information, ect..) that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

Northwest Houston Cardiology PA and Trinity Healthcare is required to follow specific rules on maintaining the confidentiality of your protected health information, how our staff uses your information, and how we disclose or share this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow those rules and use and disclose your PHI to provide your treatment, obtain payment for services receive, manage our health care operations and for other purposes that are permitted or required by law.

**If you have any questions please contact our office manager at 281-469-8007**

### **Your Rights Under The Privacy Rule**

Following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions with our staff.

***You have the right to receive and we are required to provide you with a copy of this Notice of Privacy Practices:*** We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. If needed, new versions of this notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

***You have the right to authorize other use and disclosure:*** This means you have the right to authorize or deny any other use or disclosure of PHI not specified in this notice. You may revoke an authorization, at any time, in writing, except to the extent that your physician or your office has taken an action in reliance on the use or disclosure indicated in the authorization.



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***For Payment:*** Your PHI will be used, as needed, to obtain payment for our health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you're such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

***For Healthcare Operation:*** We may use or disclose, as needed, your PHI in order to support the business activities of our practices. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, and auditing functions. It also includes Education, provider credentialing, certification, underwriting, rating, or other insurance related activities. Additionally it includes business administrative activities such as customer service, compliance with privacy requirement, internal grievance procedures, due diligence in connection with the sale or transfer of assets, and creating de-identified information.

#### **Other Permitted and Required Uses and Disclosures**

We may also use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI.

***To others Involved in Your healthcare:*** Only with your written permission, 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 discloser, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

***As Required by Law:*** We may use or disclose your PHI to the extent that the use or disclosure is required by law.



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***For Public Health:*** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

***For Communicable Disease:*** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

***For Health Oversight:*** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

***In Cases of Abuse or Neglect:*** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

***To the Food and Drug Administration:*** We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls' to make repairs or replacements, or to conduct post marketing surveillance, as required.

***For Legal Proceedings:*** We may disclose PHI in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to subpoena, discovery request or other lawful process.

***To Law Enforcement:*** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

***To Coroners, Funeral Directors, and Organ Donation:*** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

***In Cases of Criminal Activity:*** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

***For Military Activity and National Security:*** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities



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deemed necessary by appropriate military command authorities; (2) for the purpose of a determination of the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services.

***For Worker's Compensation:*** Your PHI may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally established programs.

***When an Inmate:*** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

***Required Uses and Disclosures:*** Under the law, we must make disclosures about you and when required by the Secretary of the Department of Health and Human Services to investigate to determine our compliance with the requirements of the Privacy Rule.

***You have the right to designate a personal representative:*** This means you may designate a person with the delegated authority to consent to, or authorize the use or disclosure of PHI.

***You have the right to inspect and copy your protected health information:*** This means you may inspect and obtain a copy of PHI about you that is contained in your patient record.

***You have the right to request a restriction of your PHI:*** This means you may ask us, in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operation. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. In certain cases we may deny your request for a restriction.

***You may have the right to have us amend your PHI:*** This means you may request an amendment of your PHI for as long as we maintain this information. In certain, we may deny your request for an amendment.

***You have the right to request a disclosure accountability:*** This means that you may request a listing of your PHI disclosures we have made to entities or persons outside of our office.

### Complaints

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You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by Northwest Houston Cardiology PA or Trinity Healthcare Network. You may file a complaint with either entity by calling the office manager of NWHC at 281-469-8007 or Trinity Healthcare Network at 281-257-0404.

#### **How We May Use or Disclose PHI**

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Following are examples of use and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

***For Treatment:*** We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy, third party billing company, or disclose PHI to other physicians who may be involved in your care and treatment.

We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care as well as health related benefits and services offered by our office.