

LE REVE ANTI-AGING AND WEIGHTLOSS CENTER
7000 BRYANT IRVIN RD SUITE 108
FORT WORTH, TEXAS 76132
T: 682-703-1400
F: 817-887-5779

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information. In conducting our business, we will create records regarding you and your treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your protected health information (PHI). By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- tab How we may use and disclose your PHI
- tab Your privacy rights regarding your PHI
- tab Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

- 1. Treatment.** Our practice may use your PHI to treat you. Many of the people who work in our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment.
- 2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us.
- 3. Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
- 4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment. We will notify about your appointment utilizing an automated phone system, a personal call, or by mail. This notification may involve leaving a message on an answering machine or other automated or electronic equipment for such purposes, which could (potentially) be received or intercepted by others.
- 5. Sign In Sheet.** We may use and disclose medical information about by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

6. Treatment Options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

7. Health-Related Benefits and Services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

8. Release of Information to Friends/Family. Our practice will routinely disclose to your responsible party(ies) the PHI directly relevant to his/her involvement with your health care, PHI related to payment of your health care, and PHI used for notification purposes. Our practice may release your PHI to another responsible party(ies) you identify, that is involved in your care. The acknowledgement of Privacy Notice provides a place to add the name of anyone to receive your PHI.

9. Marketing. We may contact you to give you information about products or services related to your treatment, or care. We will not otherwise use or disclose your medical information for marketing purposes, without your prior written authorization.

10. Sale of Health Information. We will not sell your health information without your prior written authorization.

11. Disclosure Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, state, and or local law.

12. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law.

C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

1. Public Health Risk Reporting. Our practice may disclose your PHI to public health authorities that are authorized to law. For Example, we are required to report certain communicable diseases to the states to the state's public health department.

2. Law Enforcement. Your health information may be disclosed to law enforcement agencies, military, and national security without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

3. Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs that provide benefits for work-related injuries or illnesses.

4. YOUR RIGHTS REGARDING YOUR PHI

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

- tab The right to request restrictions on the use and disclosure of your protected health information, including to request that a health plan not to be informed of treatment for which patient paid entirely out of pocket.
- tab The right to prohibit the sale of your protected health information, it's use for marketing purposes, or participation in research.
- tab The right to request to receive confidential communications concerning your medical condition and treatment in a specific manner.
- tab The right to inspect and obtain copies of your protected health information.
- tab The right to amend or submit corrections to your protected health information.
- tab The right to receive an accounting of how and to whom your protected health information has been disclosed outside of our practice if not for treatment, payment, or health care operations.
- tab The right to file a complaint if you believe your privacy rights have been violated. Please file your complaint in writing. You will not be penalized for filing a complaint.
- tab The right to receive a printed copy of this notice.

5. Right to Provide an Authorization for other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

If you believe your privacy rights have been violated, you may complain to the secretary of the U.S. Department of Health and Human Services or to the Office Manager listed below. You will not be penalized for a complaint.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

Ashley Tinley
Le Reve, 7000 Bryant Irvin Rd Suite 108, Ft. Worth, TX 76132
682-703-1400