

Dependacare Notice of Health Information Practices

8701 Springdale Rd, Austin Texas

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.

Dependacare of Austin believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information.

Dependacare of Austin maintains the right to update our Privacy Notice. Your personal health information will always be maintained by our current policies designated in our current Privacy Notice. A current copy of our Privacy Notice is prominently displayed in our front lobby. If you have any comments or questions about our Privacy Notice you may call our office at 512-892-0405. Our office hours are Monday through Friday 10:00 a.m. - 6:00 p.m.

Privacy Policy

The following describes the manner in which we will use and disclose **your** personal health information:

1. We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information.
2. We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties which includes family members or other financially responsible parties you have informed us of. Examples include insurance coverage and eligibility verification.
3. We may use and disclose information to monitor and operate or business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state or local authority (as required by law), or to remind you of equipment, supplies or service needs.
4. We may release appropriate information about you to family or friends that are helping you with the financial responsibilities incurred while receiving equipment, supplies or services from us.
5. We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and our staff testifying about the care we have provided.

The following describes **YOUR** rights to the information we maintain about **YOU**:

1. You have the right to direct the use of your personal health information at our office.
2. You have the right to terminate or revise your authorizations or consents that pertain to our use of your personal health information, and have those terminations or revisions affect any new equipment, supply, or service provisions. We are not required to accept your terms. If we do accept your restrictions, we will honor your specifications, except where prohibited by law. All requests must be in written form.
3. You have the right to request a copy of your personal health information as long as any federal, state or local law does not prohibit it. This request must in writing. There is a charge for copying, producing and delivering your information.
4. You have the right to request, in writing, a revision to your personal health information. Revision requests will be evaluated on an individual basis and amended, if appropriate. At no time will a revision be made that may erroneously record the personal health information stored by us. Your written request must detail the requested revision and the reasons for the modification. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.
5. You have the right to request an accounting of *non-routine disclosures* we have made with your personal health information. You can receive one free accounting in a twelve-month period. We will charge for any accounting services that exceed one per twelve months. You must agree to this charge before we will provide any accounting of services. These requests cover dates of service on or after April 14th, 2003.
6. You have the right to file a complaint about our use of your personal health information with us or the Secretary of the Department of Health and Human Services.

I acknowledge receipt of this Notice of Information Practices

Patient Signature (or Patient Representative)

Date

