



## NOTICE OF PRIVACY AND CONFIDENTIALITY

This Notice of Privacy Practices (NPP) describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this NPP please contact the Privacy Officer at Retrospective Solutions.

This NPP will explain:

- How Retrospective Solutions may use and disclose your Protected Health Information (PHI);
- Our obligations related to the use and disclosure of your PHI;
- Your rights related to any PHI that Retrospective Solutions has or retains about you.

This NPP describes how Retrospective Solutions may use and disclose your PHI to carry out treatment, payment and/or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Retrospective Solutions are required to abide by the terms of this NPP. A copy is available at Retrospective Solutions and at the below stated website. Retrospective Solutions may change the terms of this NPP, at any time. The new NPP will be effective for all PHI that Retrospective Solutions maintains at that time. Retrospective Solutions will provide you with any revised NPP by posting it on our website: <http://www.retrospectivesolutions.com> and making it available when you visit Retrospective Solutions.

### I. Uses and Disclosures of Protected Health Information (PHI)

On your first visit to Retrospective Solutions, you may be asked to complete a new patient information form and you will be required to sign an acknowledgement of NPP. A copy of the NPP will be made available to you. Retrospective Solutions may obtain, but is not required to, your consent for the use or disclosure of your PHI for treatment, payment and/or health care operations. Retrospective Solutions are required to obtain your authorization for the use or disclosure of your information for other specific purposes or reasons. Retrospective Solutions have listed some of the types of uses or disclosures below. Not every possible use or disclosure is covered, but all of the ways that a Retrospective Solutions is allowed to use and disclose information will fall into one of the categories. Your PHI may be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of Retrospective Solutions. Following are examples of the types of uses and disclosures of your PHI that Retrospective Solutions is permitted to make.

- **Treatment.** Retrospective Solutions will 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 PHI with a third party that has already obtained your permission to have access to your PHI. For example, Retrospective Solutions would disclose your PHI, as necessary, to a home health agency that provides care to you. Retrospective Solutions will also disclose PHI to other providers or health facilities that may treat you when it has the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a health provider to whom you have been referred to ensure that the provider has the necessary PHI to diagnose or treat you. In addition, Retrospective Solutions may disclose your PHI from time-to-time to another health care provider (e.g., a specialist or laboratory) who, at the request of your provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your provider.
- **Payment.** Your PHI will be used, as needed, to obtain payment for your 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 recommended for you 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 example, Retrospective Solutions may need to provide your insurance plan information about treatment you received, so your insurance will pay for the services.
- **Health Care Operations.** Retrospective Solutions may use or disclose, as needed, your PHI in order to support the business activities of Retrospective Solutions. These activities include, but are not limited to: quality assessment activities, licensing, and employee review activities. In addition, Retrospective Solutions may use a sign-in sheet at the registration desk where you will be asked to sign your name. The staff of Retrospective Solutions may also call you by name in a lobby when your provider is ready to see you. Retrospective Solutions may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. Retrospective Solutions will share your PHI with third party "business associates" that perform various activities (e.g., billing, reading of x-rays, performing lab tests, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, Retrospective Solutions will have a written contract that contains terms that will protect the privacy of your PHI.

### II. Uses and Disclosures of Protected Health Information That Do Not Require Your Consent or Authorization

- **Appointments and Alternatives.** Retrospective Solution may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or services at Retrospective Solutions.
- **Business Associates.** Retrospective Solutions may disclose your PHI to Retrospective Solutions business associates in order to carry out treatment, payment, or health care operations.
- **Coroners, Medical Examiners and Funeral Directors.** Retrospective Solutions may disclose PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death, or as otherwise permitted by law. Retrospective Solutions may also disclose PHI about patients of Retrospective Solutions to funeral directors as necessary to carry out their duties.
- **Individuals Involved in Disaster Relief:** Should a disaster occur, a Retrospective Solutions may disclose PHI about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Correctional Institutions.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, PHI may be released about you to the correctional institution or law enforcement official if the release is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Health Oversight Activities.** Retrospective Solutions may disclose your PHI to a health oversight agency or entity for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Treatment Alternatives and Health-Related Benefits and Services.** Retrospective Solutions may use and disclose PHI to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.
- **As Required By Law.** Retrospective Solutions will disclose PHI about you when required by law.
- **Individuals Involved in Your Care or Payment for Your Care.** Retrospective Solutions may disclose your PHI to a family member, other relative, or close personal friend who is involved in your medical care or to someone who helps pay for your care if the PHI disclosed is directly relevant to such person's involvement with your care, unless you tell us otherwise.
- **Law Enforcement.** Retrospective Solutions may disclose your PHI for law enforcement purposes, as required by law or in response to a valid subpoena.
- **Lawsuits and Disputes.** Retrospective Solutions may disclose your PHI in response to a court or administrative order. In addition, Retrospective Solutions may disclose your PHI in response to a valid subpoena, discovery request, or other lawful process provided that efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.
- **Organ and Tissue Donation.** Retrospective Solutions may disclose PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Public Health Activities.** Retrospective Solutions may disclose PHI about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. Retrospective Solutions will only make this disclosure if you agree or when required or authorized by law.
- **Serious Threat to Health or Safety.** Retrospective Solutions may use and disclose your PHI when Retrospective Solutions deems it necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Workers' Compensation.** Retrospective Solutions may disclose your PHI to workers' compensation or similar programs to the extent necessary to comply with laws relating to worker's compensation or similar programs.

### III. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your provider has taken an action in reliance on the use or disclosure indicated in the authorization.

- **Research.** Retrospective Solutions may disclose your PHI to researchers when the research has been legally approved and protocols have been established to ensure the privacy of your PHI.

### IV. Other Uses Or Disclosures Of Protected Health Information

Other uses or disclosures not covered in this NPP will not be made without your written authorization, unless otherwise permitted or required by law. If you provide Retrospective Solutions with written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is *in writing*. If you revoke your authorization, Retrospective Solutions will no longer use or disclose the information. However, Retrospective Solutions will not be able to take back any disclosures that have been made pursuant to your previous authorization.

### Your Bill of Rights

You have the following rights regarding your PHI. To exercise any of the following rights, you must submit a written request. Forms are available on our website, <http://www.retrospectivesolutions.com>, or by contacting the Retrospective Solutions Privacy Officer at (512) 206-4213.

- **A copy of this Notice.** You may obtain a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You do not have to submit a written request to obtain the Notice. Paper copies of this Notice may be obtained at any time at our office. You may obtain an electronic copy of this Notice on our web site, <http://www.retrospectivesolutions.com>.
- **Inspect and copy.** You may inspect and/or receive a copy of your PHI maintained by Retrospective Solutions. Retrospective Solutions may charge you a reasonable fee for copying your information.
- **Request amendment.** If you believe your PHI maintained by Retrospective Solutions is incorrect or incomplete, you may request an amendment to your information. Retrospective Solutions is not required to agree to your request.
- **Request restriction.** You may request limitations on how Retrospective Solutions uses and/or discloses your PHI. Retrospective Solutions is not required to agree to your request. If Retrospective Solutions agrees to your request, Retrospective Solutions will comply with your request unless the use or disclosure is necessary in order to provide you with emergency treatment or is otherwise required by law.
- **Receive confidential communications.** You may request communications from Retrospective Solutions regarding your PHI be provided to you in a certain way or at a certain location. For example, you may prefer to receive mail regarding your PHI at an address other than your usual mailing address. You must specify how or where you wish to be contacted.
- **Accounting of disclosures.** You may request a list of disclosures made by Retrospective Solutions of your PHI to persons or entities other than for the purposes of treatment, payment or health care operations, or pursuant to your specific authorization. This list will contain each disclosure Retrospective Solutions has made for the past six (6) years, but not prior to April 14, 2003. If you make more than one request in a 12-month period, Retrospective Solutions may charge you a reasonable fee.

### Retrospective Solutions Responsibilities

Retrospective Solutions is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Retrospective Solutions is required by law to abide by the terms of this notice. Retrospective Solutions reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Revised notices will be posted in all Retrospective Solutions offices and website, as well as given to all active patients.

### Complaints and Reporting Violations

You may complain to the Secretary of the United States Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201, to TDSHS (800)832-9623, and to the Retrospective Solutions Compliance Officer (at the address below) if you believe that your privacy rights have been violated under HIPAA. Retrospective Solutions will take no retaliatory action against you if you file a complaint about our privacy practices.

### Contact

If you have questions about this notice or any complaints, please contact our Compliance Officer at 7703 N. Lamar Blvd. Ste. 104 Austin, TX 78752 (512) 206.4213. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United State Attorney in the district where the violation occurs.

**Effective Date:** This notice comes into effect on August 20, 2006.