

A New You Health and Wellness, The Woodlands  
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 is required by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

**Disclosure of Your Health Care Information**

**Treatment** - We may disclose your health care information to other health care professionals within our practice for the purpose of treatment, payment or health care operations. (*Example*)

"It is our policy to provide a substitute health care provider, authorized by this practice, to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation."

**Workers' Compensation** - We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

**Emergencies** - We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency.

**Public Health** - As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

**Judicial and Administrative Proceedings** - We may disclose your health information in the course of any administrative or judicial proceeding

**Law Enforcement** - We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, and material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**Deceased Persons** - We may disclose your health information to coroners or medical examiners

**Organ Donation** - We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues

**Public Safety** - It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**Specialized Government Agencies** - We may disclose your health information for military, national security, prisoner and government benefit purposes.

**Change of Ownership** - In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner.

## **YOUR HEALTH INFORMATION RIGHTS**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised that this practice is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that this practice amend your protected health information. Please be advised, however, that this practice is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have the right to receive an accounting of disclosures of our protected health information made by this practice.
- You have the right to paper copy of this Notice of Privacy Practices at any time upon request.

**Changes to this Notice of Privacy Practices** - This practice reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, this practice is required by law to comply with this Notice. This practice 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. If you have questions about any part of this notice or want more information about your privacy rights, please contact our Privacy Officer by calling this office.

**Complaints** - Complaints about your privacy rights or how this practice has handled your health information should be directed to our Privacy Officer by calling this office.

A New You Health and Wellness, The Woodlands  
**Sheryl Green - Clinic Director**  
341 Nursery Road, Suite B-400  
The Woodlands, TX 77380  
713-389-5605

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to the Secretary of Health and Human Services, U.S. Department of Health and Human Services, Washington, D.C. 20201.

Effective Date 10.01.2014

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

By signing below I acknowledge that I have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_

Name of Patient

\_\_\_\_\_

Signature of patient or personal representative

\_\_\_\_\_

Relationship to patient, if signed by person representative

\_\_\_\_\_

Date

**A New You Health and Wellness, The Woodlands Use Only**

Our practice will make a good faith effort to obtain a written acknowledgment of receipt of the Notice provided to the individual. If written acknowledgment is not obtained, our practice must document its good faith efforts to obtain such acknowledgment and record the reason why the acknowledgment was not obtained.

\_\_\_\_\_

Refused to Sign Physically Unable to Sign (Other)

\_\_\_\_\_

A New You Health and Wellness, The Woodlands signature