

# **Shashi S. Bellur, MD, PA**

## **Notice of Privacy Practices**

**Effective April 3, 2007**

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. For the purposes of this Notice, “you” or “your” refers to the patient of Shashi S. Bellur, MD, PA.

### **Our Commitment**

By law, we are required to:

- Make sure that your protected health information (PHI) is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your PHI;
- Follow the terms of this Notice as long as it is currently in effect. If we revise this Notice, we will follow the terms of the revised Notice as long as it is currently in effect;
- Train our personnel concerning privacy and confidentiality; and
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

### **How We May Use and Disclose Information about You**

For Treatment. We may use your health information to provide you with medical treatment or services. This includes information obtained by doctor, nurse, or other health care provider related to your treatment. We may also disclose your health information to healthcare professionals outside the practice of Shashi S. Bellur, MD, who may be involved in your medical care, such as specialists who may provide specialized medical services.

For Payment. We are permitted to use and disclose your PHI so that the treatment and services you receive at Dr. Bellur’s Practice may be billed to (and payment may be collected from) your insurance company or a third party. For example, we may need to give your health plan information about the services you received so your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We are permitted to use and disclose your PHI for our business operations. These uses and disclosures are necessary to effectively run Dr. Bellur’s practice and to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may disclose information to our staff to conduct training programs.

For Appointments. We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you

To Business Associates for Treatment, Payment, and Health Care Operations.

We are permitted to disclose your PHI to our business associates in order to carry out treatment, payment, or health care operations. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf to help us obtain payment for the health care services we provided.

Individuals Involved in Your Care of Payment for Your Care. We may release your PHI to a family member, other relative, or close personal friend who is involved in your medical care if the PHI released is directly relevant to the person's involvement with your care. We may also release information to someone who helps pay for your care.

Required By Law. We will disclose your PHI when required to do so by Federal, State, or Local Law. For example, we may disclose information to assist Law Enforcement Official in their Official Duties.

Public Health Activities. We may disclose your PHI for Public Health Activities such as assisting public authorities or other legal authorities to prevent or control disease, injury, or disability or for other Public Health Activities.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by Law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may release PHI if asked to do so by a Law Enforcement Official in response to a valid legal document or investigation.

Coroners, Medical Examiners, and Funeral Directors. We may release PHI about patients to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI about patients to funeral directors as necessary to help them carry out their duties.

Organ and Tissue Donation. We may release 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.

Health and Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Government Functions. We may release your PHI to authorized officials for protection of public officials or reporting to various branches of the armed services.

Workers Compensation. Your health information may be used to disclosed in order to comply with laws and regulations related to Workers' Compensation.

### **Your Health Information Rights**

You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree with your request. We will notify you in writing whether we agree or do not agree with your request.

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use and/or disclosure of the information; (3) to whom you want the limits to apply (for example, disclosures to your spouse); and (4) your contact address. A restriction requites form is available upon request.

- Inspect and obtain a copy of your health record. If you request a copy of your PHI, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect or receive a copy in certain very limited circumstances. If you are denied access to PHI, we will notify you in writing, and you may request that the denial be reviewed. Another licensed health care professional chosen by Dr. Bellur will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- Amend your health record. If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Dr. Bellur's Practice. You must include a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is not longer available to make the amendment; (2) is not part of the PHI kept by or for us; (3) is not part of the information that you would be permitted to

inspect and copy; or (4) is accurate and complete. We will notify you in writing whether we agree or do not agree with your amendment request.

- Request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you by telephone at work or that we only contact you by mail at home. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- Revoke your authorization to use or disclose health information except to the extent that we have already relied upon your authorization and action has been taken.
- Request an “accounting of disclosures” that has been made by Dr. Bellur’s Practice in the past six (6) years. The accounting (or List) of disclosures will include; (1) the date of the disclosure; (2) the name of the entity or person who received the PHI and, if known, the address; (3) a brief description of the PHI disclosed; and (4) a brief statement of the purpose of the disclosure.
- Your request must state a time period not longer than six (6) years. The first list you request within a twelve (12) month period will be free of charge. For additional lists, we will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### **Obligations of Dr. Bellur’s Practice**

- Maintain the privacy of PHI;
- Provided you with this notice;
- Follow the terms of this notice;
- Obtain your written authorization to use or disclose your PHI for reasons other than those listed above and permitted under the Law.

#### **Changes to this Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our premises. In addition, each time you visit Dr. Bellur for treatment or health care services, you may request a copy of the current notice in effect.

#### **For More Information or to Report a Problem**

If you have questions or would like additional information, you may contact Dr. Bellur’s Privacy Officer, Mendy Henderson, at (936) 756-8484.

If you believe your privacy rights have been violated, you may file a complaint with Dr. Bellur's Privacy Officer at the number listed above or in writing to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

There will be no retaliation for filing a complaint.