



**Advanced**  
Gastroenterology of Texas

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## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **OUR COMMITMENT TO YOU**

Advanced Gastroenterology of Texas, PLLC, the office of Farbod Masrouf, D.O., understands that health information about you and your health care is personal. We are committed to provide you with the best quality of care while maintaining your privacy.

### **OUR DUTY TO YOU**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice explaining our privacy practices with regard to that information. We are also required to abide by the privacy policies and practices that are outlined in this notice. This notice describes how our office may use and disclose your protected health information to carry out treatment, payment 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 protected health information. Protected Health Information is information about you, including demographic information, that may identify you and relates to your past, present, or future physical or mental health condition and related health care services.

### **YOUR RIGHTS UNDER THE PRIVACY RULE**

Following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions or concerns with our staff.

- **YOU HAVE THE RIGHT TO RECEIVE A COPY OF THIS NOTICE OF PRIVACY PRACTICES** - We are required to follow the terms and provide you with a copy of this notice. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Federal and state laws and regulations may dictate any changes made to our Privacy practices. Upon request, we will provide you with the most recently revised notice on any office visit. A current notice will be maintained on the practice's website.
- **YOU HAVE THE RIGHT TO AUTHORIZE OTHER USE AND DISCLOSURE** - This means you have the right to authorize any use or disclosure of protected health information that is not specified within this notice. For example, we would need your written authorization to use or disclose your protected health information for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your protected health information. You may revoke an authorization, at any time, in writing; except to the extent that your healthcare provider or our practice has taken action in reliance on the use or disclosure indicated in the authorization.
- **YOU HAVE THE RIGHT TO REQUEST AN ALTERNATIVE MEANS OF CONFIDENTIAL COMMUNICATION** - This means you have the right to ask us to contact you about medical matters using an alternative method and to a destination designated by you. For example, you may wish for our office to email appointment reminders or only contact your cell. You must inform us in writing by using a form provided by our practice. We will follow all reasonable requests.
- **YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION** - This means you may inspect and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.
- **YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION** - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed

for quality of care. In certain cases, we may deny your request for a restriction. You may discuss any issues pertaining to the denial with our HIPAA Compliance Officer. You may request, in writing, the practice not disclose protected health information to your health plan in regards to services or treatments you covered financially. The practice may not deny this request.

- **YOU HAVE THE RIGHT TO REQUEST AN AMENDMENT OF YOUR PROTECTED HEALTH INFORMATION** - This means you may request an amendment regarding your protected health information if you think information is incorrect for as long as we maintain the information. The request must be in writing. In certain cases we may deny your request. If the request is denied, you have the right to submit a statement of disagreement that will become a part of your record.
- **YOU HAVE THE RIGHT TO REQUEST AN DISCLOSURE ACCOUNTABILITY** - This means you have the right to request a report detailing how we have used or disclosed your protected health information.
- **YOU HAVE THE RIGHT TO RECEIVE A PRIVACY BREACH NOTICE** - You have the right to receive written notification if the practice discovers through a risk assessment of a breach of your unsecured protected health information.

#### **OUR OFFICE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

- **FOR TREATMENT** - We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, information may be provided to a physician to whom you have been referred to ensure the physician has the necessary information to diagnose or treat you.
- **FOR PAYMENT** - We may use and disclose your protected health information to obtain payment for your health care services. For example, your health plan may request records from our office to determine if a service is covered by your plan.
- **FOR HEALTH CARE OPERATIONS** - We may use and disclose your protected health information in order to conduct certain business and operational activities. These activities include, but are not limited to, quality assessment activities, training of students, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call your name in the waiting room when the physician is ready to see you.
- **AS REQUIRED BY LAW** - We may use and disclose your protected health information when required to do so by international, federal, state, or local law.
- **TO OTHERS INVOLVED IN YOUR HEALTHCARE** - We may disclose to a member of your family, a relative, a close friend or any other person that you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement.
- **BUSINESS ASSOCIATES** - We may use and disclose your protected health information with third-party "business associates" that perform various activities for the practice. The practice and business associate will maintain a written contract that contains terms that will protect the privacy of your protected health information. For example, the practice outsources billing and collection activities to another company.
- **SPECIAL NOTICES** - We may use and disclose your protected health information to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams and/or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also we may contact you to provide information about health-related benefits and services offered by our office or fund-raising activities. You will have the right to opt out of such special notices, and each such notice will include instructions for opting out.
- **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES** - We are also permitted to use or disclose your protected health information without your written authorization for the following purposes (as required by law);
  - Health oversight activities
  - Public health activities (please see exceptions below)
  - Legal proceedings
  - Law enforcement purposes
  - Organ donation
  - In cases of abuse or neglect
  - To comply with Food and Drug Administration requirements
  - Research purposes
  - Coroners or funeral directors
  - Military activity or national security

- Criminal activity
- Worker's compensation
- Inmates
- Department of Health and Human Services in order to investigate or determine our compliance to this Privacy Rule

- **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION DURING EMERGENCY SITUATIONS** - We may use or disclose your protected health information to protect the nation's public health and for other critical purposes.

- **Public Health Activities** - it may be necessary to use or disclose your protected health information to public health authorities and others responsible for ensuring public health and safety to carry out their public health mission.
  - **To a public health authority** - an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. For example, we may disclose information to the CDC on an ongoing basis as needed to report prior or prospective cases of patients exposed to the Ebola virus.
  - **At the direction of a public health authority to a foreign government agency** - that is acting in collaboration with the public health authority.
  - **To persons at risk** - of contracting or spreading a disease or condition if other law, such as state law, authorizes our practice to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations.
- **Imminent Danger** - We may use or disclose your protected health information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public consistent with applicable law (such as state statutes, regulations, or case law) and our practice's standards of ethical conduct.
- **Disclosures to the Media or Others Not Involved in the Care of the Patient/Notification** - We may use or disclose basic information about your condition in general terms (e.g. critical or stable, deceased, or treated and released) if you have not objected to or restricted the release of such information or, if you are incapacitated, if the disclosure is believed to be in your best interest and is consistent with any prior expressed preferences. In general, except in the limited circumstances described elsewhere in this notice, affirmative reporting to the media or public at large about an identifiable patient, such as specific tests, result or details of your illness, may not be done without your written authorization (or the written authorization of a personal representative who is legally authorized to make healthcare decisions for you).
  - In addition, we may use or disclose your protected health information with disaster relief organizations (ex.American Red Cross) that are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in your care, your location, general condition. or death. It is unnecessary to obtain your permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

**PRIVACY CONCERNS OR COMPLAINTS**

We understand how important it is to maintain your trust in regards to our privacy policies and practices. We request you contact our HIPAA Compliance Officer if you have any questions or concerns regarding this notice.

<b>HIPAA Compliance Officer:</b>	<b>Barbi Cortez</b>
	<b>Practice Administrator</b>
<b>Mailing Address:</b>	<b>2698 N Galloway</b>
	<b>Suite 103</b>
	<b>Mesquite, TX 75150</b>
<b>Phone Number:</b>	<b>(214) 962-4863</b>
<b>Fax Number:</b>	<b>(214) 758-1400</b>
<b>Email Address:</b>	<b>health@advancedgastrodoc.com</b>

You may also file a complaint at the information above or you may contact the Secretary at the Department of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.