Brenda Leiber & Associates
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 Notice takes effect on April 14, 2003.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

Confidential information about your past, present, or future health or condition, the services provided to you and the past, present, or future payment for services is considered "Protected Health Information". We understand that information about you and services you receive from Brenda Leiber & Associates are personal and confidential. We are committed to protecting this information.

WHO WILL FOLLOW THIS NOTICE

Any employee of Brenda Leiber & Associates.

CHANGES TO THIS NOTICE

The terms of this notice apply to all records containing your protected health information that are created or retained by us. We reserve the right to revise, change, or amend our Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of the information that we may receive, create, or maintain in the future. We will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any visit to our organization.

HOW WE MAY USE AND DISCLOSE YOUR CONFIDENTIAL INFORMATION

The following categories describe the different ways in which we may use and disclose your information. Please note that not every particular use or disclosure is listed below but does fall within one of the categories.

Use and Disclosures that May Be Made Without Your Written Authorization For Treatment, Payment, and Healthcare Operations-We may use your health information for the following purposes:

- **Treatment** – For example, information may be discussed among members of your treatment team.
- **Payment** – We may use and disclose your information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits. We may also use your information to coordinate payment arrangements with insurers or others responsible for your bill.
- **For Health Care Operations –** We may use and disclose your protected health information to operate our business. These uses and disclosures are important to ensure that you receive quality care and that our organization is well run. For example, we may use or disclose your information for quality improvement or business management.

THE FOLLOWING CATEGORIES DESCRIBE ADDITIONAL CONDITIONS IN WHICH WE MAY USE OR DISCLOSE YOUR CONFIDENTICAL INFORMATION

Uses and Disclosures That May be Made Without Your Authorization, But For Which You have an Opportunity to Object

- **Persons Involved in Your Care** – We may provide information about you to someone who helps pay for your care. We may use or disclose your information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may also use or disclose your information to an entity assisting in disaster relief efforts.
- **Health-Related Use and Disclosure –** We may use and disclose your information to remind you that you have an appointment, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Use or Disclosure That May be Made Without Your Authorization or Opportunity to Object

- **Required by Law –** We will use or disclose information about you when required by law.
- **Public Health Activities** – We may disclose your information for public health purposes. Examples include:
  - to prevent or control disease, injury or disability;
  - to report abuse or neglect as required by law;
  - to notify a person regarding potential exposure to a communicable disease;
  - to notify a person regarding a potential risk for spreading or contracting a disease or condition;
  - to report reactions to drugs;
  - to notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.
- **Health Oversight Activities** – We may disclose your information to a health oversight agency for activities authorized by law, such as investigations, inspections, audits, surveys, licensure and disciplinary actions.
- **Lawsuits and Similar Proceedings** We may use and disclose your information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **Law Enforcement –** We may release information if asked to do so by law enforcement officials:
  - regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
  - concerning a death we believe might have resulted from criminal conduct;
  - regarding criminal conduct on our premises;
  - to identify/locate a suspect, material witness, fugitive or missing person; and
  - in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
- **Business Associates –** We may share your information with "business associates" that perform such services as chart audits for us through contracts that we have with them. These contracts identify terms that safeguard the privacy of your information.
- **Coroners, Medical Examiners, and Funeral Directors –** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

- **Serious Threat to Health or Safety** – We may use and disclose your information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
- **Specialized Government Functions** – We may disclose your information to federal officials for intelligence and national security activities authorized by law. We also may disclose your information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations. Furthermore, we may disclose your information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- **Workers' Compensation** - We may release your information for Workers' Compensation and similar programs.

YOUR RIGHTS REGARDING YOUR CONFIDENTIAL INFORMATION

- **Requesting Restrictions** – You have the right to request a restriction in our use or disclosure of your information for treatment, payment or health care operations. We are not required to agree to your request. In order to request a restriction in our use or disclosure of your information, you must make your request in writing, and must describe in a clear and concise fashion: (1) the information you wish restricted; (2) whether you are requesting to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- **Confidential Communications** – You have the right to request that our organization communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at work, rather than home. If you wish to receive confidential communications, please submit the request in writing. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.
- **Inspection and Copies** – You have the right to inspect and obtain a copy of the protected health information that may be used to make decisions about you, including patient medical records and billing records. Requests to inspect and/or copy your information must be made in writing and submitted to the Privacy Officer. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
- **Amendment** – You may ask us to amend your information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, contact the Privacy Officer to obtain a "Request for Amendment of Records" form.
- **Accounting of Disclosures** – You have a right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. We will not charge you for the list, unless you request more than one list per year. To request an accounting of disclosures, call the Privacy Officer and "Request for Accounting of Disclosures" form.
- **Paper Copy of This Notice** – You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. Copies are available in our office. You may also contact the Privacy Officer at (281) 491-4455 to request that a paper copy of this notice be mailed to you.
- **Provide an Authorization for Other Uses and Disclosures** – We will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by law.
- **Complaints:** You have the right to file a complaint if you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made concerning your rights as listed above. All complaints must be submitted in writing. Please contact the Privacy Officer :

  Brenda Leiber
  14100 SW Freeway Ste. 240
  Sugar Land, TX 77478
- You may also make a complaint to the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

If you have any questions or need further information about this notice, or any of the rights described above, please contact any of the following individuals:

By Phone:
Telephone Number 281-491-4455

In Writing to:
Brenda Leiber & Assoc.
14100 SW Freeway Ste. 240
Sugar Land, TX 77478