

## NOTICE OF PRIVACY PRACTICES

**PEGGY H. TAYLOR, M.D., P.A., dba WOMEN, MD**  
**450 Medical Center Blvd., Suite 400, Webster, Texas 77598**

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice.

### **WAYS IN WHICH WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:**

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. We will also disclose your protected health information to other physicians who may be treating you. Additionally we may from time to time disclose your protected health information to another physician who we have requested to be involved your care.

**Payment:** We will use and disclose your protected health information to obtain payment for the health care services we provide you.

**Health Care Operations:** We will use and disclose your protected health information to support the business activities of Peggy H. Taylor, M.D., P.A., dba Women, MD. In addition, we may disclose you protected health information to third party business associates who perform billing, consulting, or transcription services for Peggy H. Taylor, M.D., P.A., dba Women, MD.

### **OTHER WAYS WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:**

**Appointment Reminders/Lab Results:** We will use and disclose your protected health information to contact you as a reminder about scheduled appointments for treatment and to advise you of your routine lab results.

**Treatment Alternatives:** We will use and disclose your protected health information to inform you of or to recommend possible alternative treatments or options that may be of interest to you.

***Others Involved in Your Care:*** We will use and disclose your protected health information to a family member, relative, close friend, or any person you may identify that is involved in your medical care or payment for care.

***Research:*** We will use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

***As Required by Law:*** We will disclose your protected health information when required to by federal, state, or local law. You will be notified of any such disclosures.

***To Avert a Serious Threat to Public Health or Safety:*** We will use and disclose your protected health information to a public health authority that is permitted to collect or receive the protected health information for purpose of controlling disease, injury or disability. If directed by that health authority, we will also disclose your protected health information to a foreign government agency that is collaborating with the public health authority.

***Worker's Compensation:*** We will use and disclose your protected health information for workers compensation or similar programs that provide benefits for work related injuries or illness.

***Inmates:*** We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official.

### ***YOUR HEALTH INFORMATION RIGHTS***

Your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

***A Paper Copy of this Notice:*** You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling the office manager and requesting a copy be mailed to you.

***Inspect and Copy:*** You have the right to inspect and have a copy of your protected health information that we maintain about you in our designated record set for as long as that information is maintained. The designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received are not available for your inspection or copying by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.

If you wish to inspect or have a copy of your protected health information, you must submit your request in writing to our practice manager. You may mail your request or bring it to our office. We will have thirty (30) days to respond to your information maintained at our practice site. If the information is stored off site, we are allowed up to sixty (60) days to respond but inform you of the delay.

**Request Amendment:** You have the right to request we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our practice manager stating exactly what information is incomplete or inaccurate and your reasoning that supports your request. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if: (1) The information was not created by the practice, or the person who created it is no longer available to make the amendment. (2) The information is not part of the record which you are permitted to inspect or copy. (3) The information is not part of the designated record set kept by this practice, or if it is the opinion of a health care provider. (4) The information is accurate and complete.

**Request Restrictions:** You have the right to request a restriction or limitation of how we use or disclose your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the practice manager. We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. If we do agree we will comply with your request unless that information is needed for emergency treatment.

**An Accounting of Disclosures:** You have the right to request a list of the disclosures of your protected health information we have made outside the practice that were not for the treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years. Your first request for a list of disclosures within a twelve (12) month period will be free. If you request an additional list within twelve (12) months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

**Request Confidential Communications:** You have the right to request how we communicate with you to preserve your privacy. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

**File A Complaint:** If you believe we have violated your protected health information privacy rights, you have the right to file a complaint with our practice manager or directly to the Secretary of Health and Human Services. To file a complaint with our manager, you must make the complaint in writing within one hundred eighty (180) days of the suspected violation.

Provide as much detail as you can about the suspected violation and send it to:

Peggy H. Taylor, M.D., P.A., dba Women, MD  
450 Medical Center Blvd., Suite 400  
Webster, Texas 77598

### **USES OR DISCLOSURES NOT COVERED**

Uses or disclosures of your protected health information not covered by this notice or laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose protected health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

### **FOR MORE INFORMATION**

If you have questions or would like additional information, you may contact our practice manager at 281-338-0085.