



CONSENT TO THE USE AND DISCLOSURE OF HEALTHCARE INFORMATION RECEIPT OF PRIVACY STATEMENT

Effective December 7, 2005

The HIPAA Privacy Rule

A federal regulation, otherwise known as the Health Insurance Portability and Accountability Act (HIPAA), requires that we provide detailed notice in writing of our privacy practices. The HIPAA Privacy Rule requires us to address many specific things in this notice.

We value you as a patient and take your protected health information seriously. This information serves as a basis for planning your care and treatment, a means of communications among the healthcare professionals who contribute to your care and a source for billing and payment by third party payors.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient. This information is called "protected health information" or "PHI". This notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you notice of our legal duties and privacy practices with respect to PHI;
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

INFORMATION WE MAY COLLECT

We collect and use information we believe is necessary for treatment, payment, or health care operations to administer our business.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. We may use and disclose PHI for billing, claims management and collection activities.

Health Care Operations: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency and cost of care that we provide to our patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups or people.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.
- Participate in training programs for students, trainees, health care providers, or non-health care professionals.
- Cooperating with outside organizations that assess the quality of the care that we provide and that evaluate, certify, or license health care providers or staff in a particular field or specialty.
- Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating "de-identified" information that is not identifiable to any individual.

COMMUNICATION FROM OUR OFFICE

You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. We may contact you through the mail or by telephone to remind you of appointments and to provide you with information about treatment alternatives or other health related benefits and services.

INFORMATION DISCLOSURE

Uses and Disclosures For Which You Have The Opportunity To Agree or Object:

We may use and disclose PHI about you in some situations where you have to opportunity to agree or object to certain uses and disclosures of PHI about you.

Individuals Involved in Your Care or Payment for Your Care: We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf.

Required By Law: We may use and disclose PHI as required by federal, state, or local law.

Public Health Activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits investigations inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances.

To Avert a Serious Threat to Health or Safety: We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public.

Specialized Government Functions: Under certain circumstances related to specialized government functions we may disclose PHI.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* To request restrictions, you must make your request in writing to our Privacy Official.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain at which time a small fee may be incurred. This includes your medical and billing records. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. You must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request.

Right to Receive an Accounting of Disclosures: You have the right to request an "accounting" of certain disclosures that we have made of PHI about you.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services by writing:

Office of Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, Texas 75202
Fax: 214-767-4056
Email complaints: OCRComplaint@hhs.gov

To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not take action against you for filing a complaint.

Privacy Officer
Elizabeth Jekot MD Breast Imaging Center
3301 East Renner Road, Suite 100
Richardson, Texas 75082
Direct Line: 214-442-7062
Direct Fax: 214-442-7063

I understand that as part of my healthcare, Elizabeth Jekot MD Breast Imaging Center (EJBIC) originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment.

I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communications among the healthcare professionals who contribute to my care.
- A source for billing and payment by third party payors.

I also authorize EJBIC to release all present and prior medical records to other physicians, specialists or health care providers involved in my health care. EJBIC has my authorization to release my present and prior medical records to my insurance company or companies to make a complete diagnosis and to process my insurance claim.

I authorize payment of medical benefits to Elizabeth A Jekot MD PA.

I understand that I am responsible for reimbursing Elizabeth Jekot MD Breast Imaging Center for financial charges that are not covered by my insurance. If some payment is requested on the date of service, I understand this is only an estimate of the patient responsibility, and that I will be responsible for any additional charges that are not covered by my insurance once the claim has been processed. If I do not have insurance, I understand that I am responsible for all financial charges. I further understand that any payment that is returned (such as a check that is returned due to non-sufficient funds) or has an invalid credit card number, I will be charged an additional fee.

I acknowledge that even though I am agreeing to the electronic version of this notice, I understand that I have a right to request a paper copy of Elizabeth Jekot MD Breast Imaging Center privacy practices.

This notice was published and first became effective on December 7, 2005.