



2721 Shoreline Drive, Suite 120
Denton, TX. 76210
Phone: 940-205-6584
Fax: 940-324-0633

Website: www.ConnectionsPrimaryCare.com

*The information below was taken from and may also be accessed through the US Department of Health and Human Services: www.hhs.gov

At Connections Primary Care, we protect the privacy of our clients and we strictly adhere to the HIPAA Privacy Policy as described below:

Connections Primary Care is committed to protecting the confidentiality of your health information. We have policies and safeguards in place to ensure your privacy. **Connections Primary Care** is also required by state and federal laws to protect the confidentiality of your health information.

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.

The confidential health information that we collect as we deliver care or services to you is called "protected health information". We can use and disclose your protected health information:

- To provide treatment and to help us coordinate services among **Connections Primary Care** personnel and with others involved in your care such as family members, your pharmacist, suppliers of medical equipment and your physician; or we can use your information to recommend an alternative treatment to you or to notify you of a service such as availability of flu shots.
- To obtain payment such as including your health information on invoices to collect payment. For example, we may be required by your insurer to provide information regarding your health so that they will pay you or **Connections Primary Care**. We may also need to obtain prior approval from your insurer and explain your need for home care and the care or services that we will provide to you.
- For health care operations such as using your protected health information to evaluate and improve the quality of the services or to write new guidelines to provide more effective nursing care; to conduct supervision of employees or evaluate their performance; to train our employees or student nurses; to determine your satisfaction with our services; for general business planning and development; or for business management and general administrative activities.

You also have the following rights regarding the use and disclosure of your protected health information:

- You can request that we restrict its use and disclosures, such as not sharing this information with a particular family member. However, we are not required to agree with every restriction and we may end such a restriction if we believe it puts you or your health at risk. You can also decide to end a restriction at any time.
- You can request that communication between you and **Connections Primary Care** be provided to you in another way. For example, we can send all our written communication to your daughter's address, if you ask us to do so.
- You can ask to inspect and copy your protected health information and you can request to change it.



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- You also have the right, with limited exceptions under federal regulations, to receive an accounting of the disclosures we have made of your protected health information other than those used for treatment, payment, or operations.

If you believe that your confidentiality has been violated, you can contact **Connections Primary Care** to file a complaint or you can file a complaint with the office of the Secretary of Health and Human Services. We want to hear your concerns, and you will not be retaliated against if you file a complaint.

If anyone wishes to use or access your protected health information for reasons other than to provide care, obtain payment, or run our operations, we can only release it with your written authorization. And, you may revoke that authorization at any time.

However, there are some important exceptions to requiring an authorization stated in the federal regulation. We can provide your protected health information to representatives of the following organizations without your written authorization or without obtaining your agreement or objection:

- To public health authorities;
- To a government representative responsible for responding to concerns about abuse, neglect or domestic violence as permitted by law;
- For judicial or administrative proceedings or in response to a subpoena or discovery request;
- For law enforcement purpose;
- To local or national health oversight organizations that conduct audits or investigations;
- To funeral directors, coroners and medical examiners;
- For purposes of organ or tissue donation;
- For research purposes as approved by a Privacy Board;
- To avert a serious threat to health or safety;
- For special government functions such as national security;
- For purposes of worker's compensation. (641.512 a-l)

We may not disclose your health information if you are the subject of an investigation unless your health information is directly related to your receipt of public benefits. The Notice is available to any individual upon request. We do reserve the right to change the terms of this Notice, and to provide a revised Notice to any patient/client who is receiving care or services. **Connections Primary Care** reserves the right to change this Notice of Privacy Practices; and if we do so, the changes will apply with respect to your protected health information in our possession.

If you have any concerns about this Notice or wish to have additional information, you may contact **940-205-6584**. We welcome your questions, as the privacy of your protected health information is one of our most important promises to you.