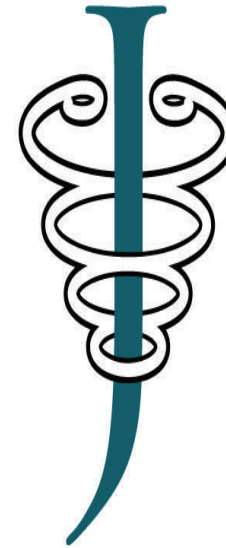


NOTICE OF PRIVACY PRACTICES



NOTICE OF PRIVACY PRACTICES

WHAT WE ARE DOING

TO PROTECT YOUR PRIVACY

JOHNSON MEDICAL ASSOCIATES

**101 S. COIT RD., SUITE 317
RICHARDSON, TEXAS 75080-5715**

FAX: 972-479-9435

TEL: 972-479-0400

**101 S. COIT RD., SUITE 317
RICHARDSON, TX 75080**

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 PRACTICE USES AND DISCLOSES HEALTH INFORMATION ABOUT YOU FOR TREATMENT, TO OBTAIN PAYMENT FOR TREATMENT, FOR ADMINISTRATIVE PURPOSES, AND TO EVALUATE THE QUALITY OF CARE THAT YOU RECEIVE. THIS NOTICE DESCRIBES OUR PRIVACY PRACTICES. YOU CAN REQUEST A COPY OF THIS NOTICE AT ANY TIME. FOR MORE INFORMATION ABOUT THIS NOTICE OR OUR PRIVACY PRACTICES AND POLICIES, PLEASE CONTACT THE *PRIVACY OFFICER*.

TREATMENT, PAYMENT, HEALTH CARE OPERATIONS

WE ARE PERMITTED TO USE AND DISCLOSE YOUR MEDICAL INFORMATION TO THOSE INVOLVED IN YOUR TREATMENT. FOR EXAMPLE, YOUR CARE MAY REQUIRE THE INVOLVEMENT OF A SPECIALIST. WHEN WE REFER YOU TO A SPECIALIST, WE WILL SHARE SOME OR ALL OF YOUR MEDICAL INFORMATION WITH THAT PHYSICIAN TO FACILITATE THE DELIVERY OF CARE. IN ADDITION, THE PHYSICIAN IN THIS PRACTICE IS A SPECIALIST. WHEN WE PROVIDE TREATMENT, WE MAY REQUEST THAT YOUR PRIMARY CARE PHYSICIAN SHARE YOUR MEDICAL INFORMATION WITH US. IN ADDITION, WE MAY PROVIDE YOUR PRIMARY CARE PHYSICIAN INFORMATION ABOUT YOUR PARTICULAR CONDITION SO THAT HE/SHE CAN APPROPRIATELY TREAT YOU FOR OTHER MEDICAL CONDITIONS, IF ANY.

PAYMENT

WE ARE PERMITTED TO USE AND DISCLOSE YOUR MEDICAL INFORMATION TO BILL AND COLLECT PAYMENT FOR THE SERVICES PROVIDE TO YOU. FOR EXAMPLE, WE MAY COMPLETE A CLAIM FORM TO OBTAIN PAYMENT FROM YOUR INSURER. THE FORM WILL CONTAIN MEDICAL INFORMATION; SUCH AS A DESCRIPTION OF THE MEDICAL SERVICE PROVIDED TO YOU THAT YOUR INSURER NEEDS TO APPROVE PAYMENT TO US.

HEALTH CARE OPERATIONS

WE ARE PERMITTED TO USE OR DISCLOSE YOUR MEDICAL INFORMATION FOR THE PURPOSES OF HEALTH CARE OPERATIONS, WHICH ARE ACTIVITIES THAT SUPPORT THIS PRACTICE AND ENSURE THAT QUALITY CARE IS DELIVERED. FOR EXAMPLE, WE MAY ENGAGE THE SERVICES OF A PROFESSIONAL TO AID THIS PRACTICE IN ITS COMPLIANCE PROGRAMS. THIS PERSON WILL REVIEW BILLING AND MEDICAL FILES TO ENSURE THAT WE MAINTAIN OUR COMPLIANCE WITH THE REGULATIONS AND THE LAW.

LATER REVOKE THAT AUTHORIZATION, IN WRITING, TO STOP FUTURE USES AND DISCLOSURES. HOWEVER, ANY REVOCATION WILL NOT APPLY TO DISCLOSURES OR USES ALREADY MADE OR TAKEN IN RELIANCE ON THAT AUTHORIZATION.

PUBLIC HEALTH, ABUSE OR NEGLECT, AND HEALTH OVERSIGHT

WE MAY DISCLOSE YOUR MEDICAL INFORMATION FOR PUBLIC HEALTH ACTIVITIES. PUBLIC HEALTH ACTIVITIES ARE MANDATED BY FEDERAL, STATE, OR LOCAL GOVERNMENT FOR THE COLLECTION OF INFORMATION ABOUT DISEASE, VITAL STATISTICS (LIKE BIRTHS AND DEATH), OR INJURY BY A PUBLIC HEALTH AUTHORITY. WE MAY DISCLOSE MEDICAL INFORMATION, IF AUTHORIZED BY LAW, TO A PERSON WHO MAY HAVE BEEN EXPOSED TO A DISEASE OR MAY BE AT RISK FOR CONTRACTING OR SPREADING A DISEASE OR CONDITION. WE MAY DISCLOSE YOUR MEDICAL INFORMATION TO REPORT REACTIONS TO MEDICATIONS, PROBLEMS WITH PRODUCTS, OR TO NOTIFY PEOPLE OF RECALLS OF PRODUCTS THEY MAY BE USING.

WE MAY ALSO DISCLOSE MEDICAL INFORMATION TO A PUBLIC AGENCY AUTHORIZED TO RECEIVE REPORTS OF CHILD ABUSE OR NEGLECT. TEXAS LAW REQUIRES PHYSICIANS TO REPORT CHILD ABUSE OR NEGLECT. REGULATIONS ALSO PERMIT THE DISCLOSURE OF INFORMATION TO REPORT ABUSE OR NEGLECT OF ELDERS OR THE DISABLED.

WE MAY DISCLOSE YOUR MEDICAL INFORMATION TO A HEALTH OVERSIGHT AGENCY FOR THOSE ACTIVITIES AUTHORIZED BY LAW. EXAMPLES OF THESE ACTIVITIES ARE INVESTIGATIONS, AUDITS, LICENSURE APPLICATIONS AND INSPECTIONS WHICH ARE ALL GOVERNMENT ACTIVITIES UNDERTAKEN TO MONITOR THE HEALTH CARE DELIVERY SYSTEM AND COMPLIANCE WITH OTHER LAWS, SUCH AS CIVIL RIGHTS LAWS.

LEGAL PROCEEDINGS AND LAW ENFORCEMENT

WE MAY DISCLOSE YOUR MEDICAL INFORMATION IN THE COURSE OF ADMINISTRATIVE OR JUDICIAL PROCEEDINGS IN RESPONSE TO AN ORDER OF THE COURT (OR THE ADMINISTRATIVE DECISION-MAKER) OR OTHER APPROPRIATE LEGAL PROCESS. CERTAIN REQUIREMENTS MUST BE MET BEFORE THE INFORMATION IS DISCLOSED.

IF ASKED BY A LAW ENFORCEMENT OFFICIAL, WE MAY DISCLOSE YOUR MEDICAL INFORMATION UNDER LIMITED CIRCUMSTANCES PROVIDED THAT THE INFORMATION:

- IS RELEASED PURSUANT TO LEGAL PROCESS, SUCH AS A WARRANT OR SUBPOENA;
- PERTAINS TO A VICTIM OF CRIME AND YOUR ARE INCAPACITATED;
- PERTAINS TO A PERSON WHO HAS DIED UNDER CIRCUMSTANCES THAT MAY BE RELATED TO CRIMINAL CONDUCT.
- IS ABOUT A VICTIM OF CRIME AND WE ARE UNABLE TO OBTAIN THE PERSON'S AGREEMENT.
- IS RELEASED BECAUSE OF A CRIME THAT HAS OCCURRED ON THESE PREMISES; OR
- IS RELEASED TO LOCATE A FUGITIVE, MISSING PERSON, OR SUSPECT.

TEXAS LAW REQUIRES THAT WE ARE READY TO PROVIDE COPIES OR A NARRATIVE WITHIN 15 DAYS OF YOUR REQUEST. WE WILL INFORM YOU OF WHEN THE RECORDS ARE READY OR IF WE BELIEVE ACCESS SHOULD BE LIMITED. IF WE DENY ACCESS, WE WILL INFORM YOU IN WRITING. HIPAA PERMITS US TO CHARGE A REASONABLE COST BASED FEE. *THE TEXAS STATE BOARD OF MEDICAL EXAMINERS (TSBME)* HAS SET LIMITS ON FEES FOR COPIES OF MEDICAL RECORDS THAT UNDER SOME CIRCUMSTANCES MAY BE LOWER THAN THE CHARGES PERMITTED BY HIPAA. IN ANY EVENT, THE LOWER OF THE FEE PERMITTED BY HIPAA OR THE FEE PERMITTED BY THE TSBME WILL BE CHARGED.

AMENDMENT OF MEDICAL INFORMATION

YOU MAY REQUEST AN AMENDMENT OF YOUR MEDICAL INFORMATION IN THE DESIGNATED RECORD SET. ANY SUCH REQUEST MUST BE MADE IN WRITING TO THE PERSON LISTED BELOW. WE WILL RESPOND WITHIN 60 DAYS OF YOUR REQUEST. WE MAY REFUSE TO ALLOW AN AMENDMENT IF THE INFORMATION:

- WAS NOT CREATED BY THIS PRACTICE OR THE PHYSICIANS HERE IN THIS PRACTICE.
- IS NOT PART OF THE DESIGNATED RECORD SET
- IS NOT AVAILABLE FOR INSPECTION BECAUSE OF AN APPROPRIATE DENIAL.
- IF THE INFORMATION IS ACCURATE AND COMPLETE.

EVEN IF WE REFUSE TO ALLOW AN AMENDMENT, YOU ARE PERMITTED TO INCLUDE A PATIENT STATEMENT ABOUT THE INFORMATION AT ISSUE IN YOUR MEDICAL RECORD. IF WE REFUSE TO ALLOW AN AMENDMENT, WE WILL INFORM YOU IN WRITING. IF WE APPROVE THE AMENDMENT, WE WILL INFORM YOU IN WRITING, ALLOW THE AMENDMENT TO BE MADE AND TELL OTHERS THAT WE KNOW HAVE THE INCORRECT INFORMATION.

ACCOUNTING OF CERTAIN DISCLOSURES

THE HIPAA PRIVACY REGULATIONS PERMIT YOU TO REQUEST, AND US TO PROVIDE, AN ACCOUNTING OF DISCLOSURES THAT ARE OTHER THAN FOR TREATMENT, PAYMENT, HEALTH CARE OPERATIONS, OR MADE VIA AN AUTHORIZATION SIGNED BY YOU OR YOUR REPRESENTATIVE. PLEASE SUBMIT ANY REQUEST FOR AN ACCOUNTING TO THE PERSON LISTED BELOW. YOUR FIRST ACCOUNTING OF DISCLOSURES (WITHIN A 12 MONTH PERIOD) WILL BE FREE. FOR ADDITIONAL REQUESTS WITHIN THAT PERIOD, WE ARE PERMITTED TO CHARGE FOR THE COST OF PROVIDING THE LIST. IF THERE IS A CHARGE, WE WILL NOTIFY YOU AND YOU MAY CHOOSE TO WITHDRAW OR MODIFY YOUR REQUEST BEFORE ANY COSTS ARE INCURRED.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, AND OTHER HEALTH-RELATED BENEFITS

WE MAY CONTACT YOU BY TELEPHONE, MAIL, OR E-MAIL TO PROVIDE APPOINTMENT REMINDERS, INFORMATION ABOUT TREATMENT ALTERNATIVES, OR OTHER HEALTH-RELATED BENEFITS AND SERVICES THAT MAY BE OF INTEREST TO YOU.

COMPLAINTS

IF YOU ARE CONCERNED THAT YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU MAY CONTACT THE PERSON LISTED BELOW. YOU MAY ALSO SEND A WRITTEN COMPLAINT TO THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES. WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT WITH THE GOVERNMENT OR US. THE CONTACT INFORMATION FOR THE **UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES IS:**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIPAA COMPLAINT

7500 SECURITY BLVD., C5-24-04

BALTIMORE, MD 21244

OUR PROMISE TO YOU

WE ARE REQUIRED BY LAW AND REGULATION TO PROTECT THE PRIVACY OF YOUR MEDICAL INFORMATION, TO PROVIDE YOU WITH THIS NOTICE OF OUR PRIVACY PRACTICES WITH RESPECT TO PROTECTED HEALTH INFORMATION, AND TO ABIDE BY THE TERMS OF THE NOTICE OF THE PRIVACY PRACTICES IN EFFECT.

QUESTIONS AND CONTACT PERSON FOR REQUESTS

IF YOU HAVE ANY QUESTIONS OR WANT TO MAKE A REQUEST PURSUANT TO THE RIGHTS DESCRIBED ABOVE, PLEASE CONTACT ADMINISTRATOR

JOHNSON MEDICAL ASSOCIATES
101 S. COIT RD., SUITE 317
RICHARDSON, TX 75080

TELEPHONE: 972-479-0400

FACSIMILE: 972-238-1071

E-Mail: info@johnsonmedicalassociates.com

Web Site: www.johnsonmedicalassociates.com

**THIS NOTICE IS EFFECTIVE ON THE FOLLOWING DATE:
APRIL 13, 2003.**

WE MAY CHANGE OUR POLICIES AND THIS NOTICE AT ANY TIME AND HAVE THOSE REVISED POLICIES APPLY TO ALL THE PROTECTED HEALTH INFORMATION WE MAINTAIN. IF OR WHEN WE CHANGE OUR NOTICE, WE WILL POST THE NEW NOTICE IN THE OFFICE WHERE IT CAN BE SEEN.