



HIPAA POLICY - Cole Medical

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW CAREFULLY**

I. PURPOSE OF THIS NOTICE. This Notice of Privacy Practices (this “Notice”) describes the privacy practices of Cole Medical. Federal law requires Cole Medical to supply notice of its legal duties and privacy practices with respect to your medical information. Specifically, this Notice describes how we may use or disclose your medical information (see Section II), your rights concerning your medical information (see Section IV), how you may contact Cole Medical regarding these privacy policies (see Section VI), and our right to revise this Notice (see Section VII). We will abide by the terms of this Notice as long as it is in effect. This Notice applies to any use or disclosure of your private health information / medical information occurring on or after the signature date, even if we created or received the information before the effective date. This Notice will no longer apply once a revised version of this Notice becomes effective.

II. HOW WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION. We may use or disclose your medical information only as described in this Section II.

A. Treatment. We may disclose your medical information to a health care provider at the Callier Center for your medical treatment. We may disclose medical information about you to other healthcare providers who are involved in your care.

B. Payment. We may use and disclose medical information about you so that the treatment and services you receive from Cole Medical may be billed to and payment collected from you, an insurance company, a third party, or a State or Federal program. For example, we may need to file your health plan information about the treatment you received from Cole Medical so your health insurance will pay us or reimburse you for services. We may also tell your health insurance about a treatment you are going to receive to obtain approval or to determine whether your plan will cover the treatment.

C. Health Care Operations. We may use or disclose your medical information as necessary to run Cole Medical and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services or to evaluate the performance of our staff’s care of you. We may also combine medical information about many Cole Medical patients to decide what additional services we should offer. We may also disclose information to medical or nursing students for review and learning purposes.

D. Limited Data Set. We may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.

E. Required by Law. We will use or disclose your medical information if a federal, state, or local law requires us to do so.

F. Required by Military Authority. If you are a member of the Armed Forces or a foreign military, we may use or disclose your medical information if the appropriate military authorities require us to do so.

G. Serious Threat to Health or Safety. We may use or disclose your medical information, if necessary, because of a serious threat to someone’s health or safety.

H. Disclosure to You. We may disclose your medical information to you or to a third party to whom you request in writing to disclose your medical information. We may use and disclose medical information to contact you with a reminder that you have an appointment for services with Cole Medical.

I. Disclosures to Individuals Involved with Your Health Care. We may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. We may disclose your medical information to your relative, friend, or other person you identify, if the information relates to that person’s involvement with your health care or payment for your health care.

J. Disclosures to Business Associates. We may contract or otherwise arrange with other entities to perform services on behalf of the Cole Medical. We may then disclose your medical information to these

“Business Associates,” and these Business Associates will use or disclose your medical information only to the extent that we would be able to do so under the terms of this Section II. These Business Associates are also required to comply with federal law that regulates your medical information privacy.

K. Other Disclosures. We may also disclose your medical information to:

- Authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
- Law enforcement officials if they need the information to investigate a crime or to identify or locate a suspect, fugitive, material witness, or missing person;
- Health oversight agencies, if authorized by law, in order to monitor the health care system, Government benefit programs, or compliance with civil rights laws;
- Persons authorized by law to receive public health information, including reports of disease, injury, birth, death, child abuse or neglect, food problems, or product defects;
- Persons authorized by law to receive the information under a court order, subpoena, discovery Request, warrant, summons, or similar process;
- Persons who need the information to comply with workers’ compensation laws or similar programs providing benefits for work-related injuries or illnesses;
- Governmental agencies authorized to receive reports of abuse if you are a victim of abuse, neglect, or domestic violence;
- Coroners or medical examiners, after your death, to identify you, to determine your cause of death, or as otherwise authorized by law;
- Funeral directors, after your death, who need the information;

L. The Secretary of Health and Human Services, a federal agency that investigates compliance with federal privacy law.

M. Incidental Uses and Disclosures. Uses and disclosures that occur incidentally with a use or disclosure described in this Section II may occur notwithstanding Cole Medical’s reasonable safeguards to limit such incidental uses and disclosures.

N. Written Authorization. We may use or disclose your medical information under circumstances that are not described above only if you provide permission by “written authorization.” After you provide written authorization, you may revoke that authorization, in writing, at any time by sending notice of the revocation to the Privacy Officer identified in Section VI of this Notice. If you revoke an authorization, we will no longer use or disclose your medical information under the circumstances permitted by that authorization. However, we cannot take back any disclosures already made under that authorization.

P. Voicemail. Voicemail left for Cole Medical personnel may be forwarded and/or transcribed to the employee’s email account.

III. RESTRICTIONS

A. We will never use your medical information for marketing purposes without your signed authorization. “Marketing” does not include face-to-face communications with you, or any communications for which we receive no remuneration such as treatment plans, alternatives to treatment, case management, or value-added services provided in connection with treatment, and other purposes related to treatment and health care operations. “Marketing” also does not include promotional gifts of nominal value provided by Cole Medical.

B. We do not sell your medical information.

C. Unless required by a specific state or federal law, we will not disclose any psychotherapy notes we maintain about you.

IV. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION. You have the following rights associated with your medical information:

A. Right to Request Restrictions. Although we are generally permitted to use or disclose your medical information for treatment, payment, health care operations, and notification to individuals involved with your health care, you have the right to request that we limit those uses and disclosures of medical information. You must make your request in writing to the Privacy Officer. Your request must state (1) the information you want to limit, (2) to whom you want the limit to apply, (3) the special circumstances that support your request for a restriction on disclosures, and (4) if your request would affect payment, how payment will be handled. We will consider your request, but do not have to agree to it, unless you pay for a service or health care item is out-of-pocket in full. You can request that we do

not share that information for the purpose of payment or our operations with your health insurer, and we will agree unless a law requires us to disclose it.

B. Right to Inspect and Copy. You have the right, in most cases, to inspect and copy your medical Information maintained by or for the Cole Medical. You must make your request in writing to the Privacy Officer. If we deny your request, you may have the right to have the denial reviewed by a licensed health care professional selected by Cole Medical. If we (or a licensed health care professional performing the review on behalf of Cole Medical) grant your request, we will provide you with the requested access. You may request copies of such information, but we may charge you a reasonable fee.

C. Right to Amend. If you feel that medical information that the Cole Medical has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Cole Medical. You must make your request in writing to the Privacy Officer, and you must give a reason that supports your request. If we deny your request for an amendment, we will explain the reasons for denial and your rights to appeal following denial.

D Right to an Accounting of Disclosures. You have the right to request a list of disclosures of your medical information that has been made by Cole Medical and its Business Associates. We do not have to list the following disclosures:

- Disclosures for treatment;
- Disclosures for payment;
- Disclosures for health care operations;
- Disclosures of a limited data set for health care operations, research, or public health activities;
- Disclosures to you;
- Disclosures to individuals involved with your health care;
- Disclosures to authorized federal officials for national security activities;
- Disclosures that occur incidentally with other permissible uses and disclosures;
- Disclosures made under your written authorization; and
- In certain circumstances, disclosures to law enforcement officials or health oversight agencies.

You must make your request in writing to the Privacy Officer. Your request must state the time period during which the disclosures were made, which may not include dates more than six years prior to the request. We may charge you a fee for the list of disclosures, if you request more than one list within 12 months.

E. Right to Make a Complaint. If you believe your privacy rights have been violated, you may file a written complaint with Cole Medical's Privacy Officer or with the federal government's Department of Health and Human Services. We will not penalize you or retaliate against you in any way if you file a complaint or exercise your privacy rights under the law.

F. Right to a Paper Copy of This Notice. You have the right to request a paper copy of this Notice, even if you have received this Notice electronically. You may make your request to the Privacy Officer or the your health provider.

G. BREACH NOTIFICATIONS. UT Dallas makes every effort to secure your health information, including the use of encryption whenever possible. In the event that any of your medical information that has not been encrypted is the subject of a breach, we will provide you with a written or electronic notice about the breach as required by federal law.

V. WHOM TO CONTACT REGARDING COLE MEDICAL'S PRIVACY POLICIES.

A. Cole Medical's Privacy Officer. To obtain a copy of the most current Notice, to exercise any of your rights described in this Notice, or to receive further information about the privacy of your medical information, contact the HIPAA Privacy Officer at:

- Phone: 945-426-8057
- Email: colemedical@icloud.com
- Mail: PO Box 1481, Rowlett, TX 75030

B. Department of Health and Human Services. To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, you may contact the Department by telephone at 1-800-368-1019, by electronic mail at (ocrmail@hhs.gov), or by regular mail addressed to: Regional Manager, Region IV, Office of Civil Rights, US Department of Health and Human Services, 1301 Young Street, Dallas, TX 75202, 214-767-4056 or TDD 214-767-8940.



PO Box 1481 • Rowlett, Texas • 75088
945 • 426 • 8057
www.colemedical.health

HIPAA ACKNOWLEDGMENT FORM

I have received a copy of or been told verbally about Cole Medical's HIPAA Privacy Practices.

Signature: _____ **Date:** _____
Individual or Personal Representative with legal authority to make healthcare decisions

Good Faith Efforts: The following good faith efforts were made to obtain the individual or Personal Representative's, if applicable, signature. Please document with detail (e.g., date(s), time(s), individuals spoken to and outcome of attempts) the efforts that were made to obtain the signature. More than **one** attempt must have been made.

- Face to face presentation(s) _____
- Telephone contact(s) _____
- Mailing(s) _____
- Email _____
- Other _____

Staff Signature: _____ **Title** _____

Print Name: _____

Date _____