



Notice of Privacy Practices
Marykutty J. Thomas, M.D.
Bluebonnet Family Clinic, LLC
Effective 11/21/2005

This Notice describes how medical and personal information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Our Commitment to Your Privacy

We understand the importance of keeping your personal and health information secure and private. We are required by law to protect this information and to provide you with this notice. This notice informs you of your rights about the privacy of your personal information. We will make sure your personal information is used and shared only in the manner described. We may, at times, update this notice. Changes to this will apply to information that we already have about you as well as any information that we may receive or create in the future.

What types of Personal Information Do We Collect?

Health and demographic information about you comprise your medical record. This is gathered from you, family members, other providers, hospitals, and/or your insurance carrier. While the medical record is the property of Bluebonnet Family Clinic, the information in it belongs to you. Both mental and physical health records are included in your medical records.

How Do We Use and Share Your Information for Treatment, Payment and Health Care Operations?

By Federal Law we may use and share your personal information for treatment, payment and health care operations.

Treatment: As a part of treatment, your health information may be shared with other entities-: other physicians, hospitals, laboratories, radiology groups, therapy groups, insurance companies and pharmacies. Rare circumstances may warrant further disclosures to persons not listed.

Payment: In obtaining payment for services provided, Mary Thomas, M.D. may need to give medical records or health information to insurance providers. For example: Health information may need to be provided to an insurance company in order that a medical procedure or visit can be pre-certified. The pre-certification is required so that full payment will be made to the physician and/or hospital.

Health care operations: This category includes the use or disclosure of you information for the business aspects of the practice. This could range from general business, including quality assessment and employee review, sign-in sheets, calling your name in the waiting room, and contacting you at home or work regarding appointments or results. We may send you reminders of needed health care such as lab test or appointment reminders. Unless requested by you to do so, we will not leave test results on answering machines or voice mail. If you choose not to be contacted at your work number, you will need to request this in writing.

What Other Ways Do We Use or Share Your Information?

Health care oversight and law enforcement: To comply with federal or state oversight agencies. These may include your state department of insurance or the U.S. Dept of Labor. This can include audits, investigations, licensure and other proceedings.

Legal proceedings: To comply with a court order or other lawful process such as subpoenas or missing person reports.

Public Health: As required by law, we may disclose your health information to public health authorities for purposes such as; preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to medications, and reporting disease or infections exposure.

Deceased Person Information: We may disclose your health information to coroners, medical examiners and funeral directors.

Organ Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Research: We may disclose your health information to researchers conducting research that has been approved by an institutional Review Board. We may also do so when Dr. Thomas feels that the entity conducting the research will appropriately use and protect your health information.

Public Safety: We may disclose your health information to appropriate persons providing services and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits. This may also include: billing, transcription, and collection services with others who are also obligated to protect the privacy of you health information.

Business Associates: We may disclose your health information to persons providing services and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits. This may also include: billing, transcription, and collection services with others who are also obligated to protect the privacy of your health information.

Emergencies: We have the right to use and disclose your health information for emergency treatment.

Notification of Communication with Family

We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health care professionals will use their best judgment in communication with your family and others.

Marketing

We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits that may be of interest to you. We may leave these messages on an answering machine unless you request in writing that this not be done.

Change of Ownership

In the event that Bluebonnet Family Clinic is sold or merges with another organization, your protected health information/record will become the property of the new owner.

Use and Disclosures of Protected Health Information

Other uses and disclosures of your protected health information will be made only with your written authorization, in writing. It will be valid from that point forward and does not apply to prior disclosures.

Your Rights Regarding Your Health Information

You have the right to request restrictions on certain uses and disclosures of your health information. Dr. Mary Thomas is not required to agree to the restriction that you requested.

You have the right to receive your health information through a reasonable alternative means or at an alternative location. Requests for these will need to be in writing. After an authorization has been signed, your health information may be released to you at a charge of \$1.00 per page up to 25 pages and \$0.50 per page for additional pages. There is a \$5.00 handling fee and postage charges, if applicable.

You have the right to request that Dr. Mary Thomas amend your health information that is incorrect or incomplete. Dr. Thomas is not required to change your health information and will provide you with information about Dr. Thomas' denial and how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your health information made by Dr. Mary Thomas, except that Dr. Mary Thomas does not have the account for the disclosures described in parts: Treatment, Payment, Healthcare Operations, and certain government functions of section A of this Notice of Privacy Practices. You have a right to a papercopy of the Notice of Privacy Practices.

Changes to this Notice of Privacy Practices

Dr. Mary Thomas reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made Dr. Mary Thomas is required by law to comply with this Notice. In the event there is a revised Notice, the Notice will be posted immediately in full view at the office and each patient will be notified of the revision upon arrival to the office.

Complaints:

Complaints about the Notice Privacy Practices or how Dr. Mary Thomas handles your health information should be directed to our Office Manager, Chastity Cecil at 225-757-6031. If you are to satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: Dept of Health and Human Services Office of Civil Rights, Hubert H. Humphrey Bldg 200, Independence Ave S. W., Room 509F HHH Building, Washington DC 20201.

We support your right to the privacy of your health information.

We will not retaliate in any way if you choose to file a complaint with us or with the U.D. Dept of Health and Human Services.