

Robin May-Davis MD

1114 Lost Creek Blvd #320

Austin TX 78746

HIPAA Notice of privacy practices- Please review

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

I must legally protect your information I gather about you during the course of my care. The data which could be used to identify you is commonly referred to as PHI - protected health information. I want to assure you that PHI is kept private. I am also required to provide you this notice about my privacy procedures. I will use this format to review how, when and why I might disclose or use your PHI in the course of your care. Although there are times that your information may be shared, it will be in limited settings, never disclosing more than is necessary.

I reserve the right to change these practices and will do so as the law requires. As the practice changes, so will the policies. You may request a copy of this notice from me in paper or via email/portal.

I will generally request your permission to release your PHI in writing. If you are interested in having your PHI released, it is also important to request this in writing. This can be revoked later to stop future disclosures.

Use of PHI/Disclosures

I may disclose PHI for **treatment**, including sharing information with other licensed care professionals who are involved in your care or my after hours coverage, in order to coordinate services for your health and wellness. I may speak to lab companies and pharmacies.

I may disclose PHI for **general health care operations**, such as working with others to make sure I am in compliance with disclosures, bookkeeping, computer repairs, posting mail, and with office staff for scheduling. My electronic health record, tele-health, cloud backup, and email are all with HIPAA agreements for privacy.

I may disclose PHI for **billing and payment purposes**, perhaps to an insurance company, quickbooks, bank or collections agency. We share the minimum PHI necessary for them to assist us. Business associates are also required to safeguard your privacy.

We will **not disclose** information to the newspaper, on social media, or on television unless you had requested it and given written permission.

Other disclosures

I will disclose PHI in an emergency setting to avoid harm- when there is a life threatening concern for you, or your risk to others is dangerous, serious and reasonably foreseeable or if you cannot care for yourself. This might include the police, emergency room/medical staff, crisis team, or family. Also, I will disclose for mandated reporting such as child abuse, dependent or elder abuse. This might

also be disclosed in the setting of a medical emergency if you were incapacitated. I may speak to family or partners in order to ascertain information if you are too impaired to provide it yourself.

I may disclose as compelled by a judge or the Texas Medical Board, via lawful search warrant, or to comply with worker's compensation laws. I may disclose if there are other requirements by law. This includes laws monitoring controlled substances or infectious diseases or if I am concerned about criminal conduct toward the practice. Other disclosures could include government health oversight activities, pursuant to health and safety codes, or if an imminent threat to the public was identified. If there are other legally required disclosures which are not yet known, they will be added to the disclosure list. In the setting of a natural disaster, information may be disclosed to government or private entities (such as Red Cross) to assist in disaster relief.

I may disclose your information to the FDA, or a similar entity in order, for example, to report on an adverse drug event or defect in a drug or medical device. I may disclose to an institutional review board IRB, or privacy board re: research if we agreed to work on a study or publish an article in order to make sure your information would be adequately safeguarded.

In many of these settings, I will attempt to discuss disclosure with you in advance whenever possible.

If your information is disclosed without your permission under other circumstances, or if a breach of confidentiality is made it will be reported to you and the government.

Your Rights regarding PHI

You have the right **to get and see** your PHI that is in my possession or get copies of it, but you must request it in writing and clarify how and where you want the information sent. You may have access to it by electronic means or in paper, (by 15 days) but for paper you will be charged a small fee. Under rare circumstances, if I feel the disclosure may cause you harm, I may deny your request, but will give you a written explanation which you can review. Lab testing will be made available to you as quickly as possible and will be reviewed at your request.

You have the right to request that I **limit disclosures** of your PHI. I may not be legally bound to abide by all requests, but they will be reviewed. Agreed upon limits will be written and respected. This does not include situations where disclosures are legally compelled. If you are paying out of pocket for care, you have the right to not have information released to insurance companies.

You can ask that your PHI is **sent** to an alternative address or by another method than mail (portal, email). I am obliged to agree as long as the request does not create any undue inconvenience. All email is not necessarily secure and confidential, even with additional privacy protections.

You can ask for a list of **disclosures** of your records. This will not include general things for which you have already consented, or those which are made for national security purposes. If this is requisitioned more than one time in a 12 month period, a fee will be incurred.

If you believe that there is an **error** or omission in your record, it is your right to request that it is corrected. The request must be made in writing and will be responded to by 60 days. I may deny the request, in writing, if I find that 1. The record is complete and correct 2. If it was written by someone else (part of an outside record), 3. Not part of my record, 4. Forbidden to be disclosed. You have the right to file a written objection or to ask that amendment request and my denial is attached to future releases of PHI. If your request is approved, I will let you know as well as others if needed.

Contact information:

After reviewing this notice if you have further questions or need more information, or want to contact me about your health information, and its handling, please contact:

Robin May-Davis MD 1114 Lost Creek Blvd #320 Austin TX 78746

robin.maydavis@may-davis.com

Request for more information and the right to complain

If, in your opinion, I have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to make a complaint to : Secretary of the Department of Health and Human Services. <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

We reserve the right to amend or update this notice. Revision will be posted on the website and distributed.

Notice effective: Feb 2024