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NOTICE OF PRIVACY PRACTICES

Effective date: January 03, 2011

OUR COMMITMENT TO YOUR POLICY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI), as it related to the HIPPA (Health Insurance Portability and Accountability Act). We will create records regarding you and the treatment we provide you. We are required by law to maintain the confidentiality of your IIHI. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice. We realize that these laws are complicated, but we must provide you how we may use and disclose your IIHI, your privacy rights in your IIHI and our obligation concerning the use and disclosure of your IIHI.

USES AND DISCLOSURES OF HEALTH INFORMATION

The following categories describe the different ways in which we may use and disclose your IIHI. We do not need any type of authorization from you for the following uses and disclosures. 1. Treatment: We may use or disclose your IIHI to other healthcare provider providing treatment to you. 2. Payment: We may use and disclose your IIHI to obtain payment for services we provide to you. 3. Health Care Operations: We may use and disclose your IIHI to operate our business. 4. Appointment reminders: We may use and disclose your IIHI to contact you and remind you of an appointment. 5. Treatment options: We may use and disclose your IIHI to inform you of potential treatment options or alternatives. Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you. 6. Release of Information to Family/Friends: We may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. 6. Disclosures required by law: We will use and disclose your IIHI when we are required to do so federal, state or local law.

USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information. 1. Public health risks: We may disclose your IIHI to public health authorities that are authorized by law to collect such information. 2. Serious threats to health or safety: We may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. 2. Research: We may use and disclose your IIHI for research purposes unless and Internal Review Board or Privacy Board has determined that your authorization is required. 3. Workers' Compensation: We may release your IIHI for workers' compensation and similar programs.

PATIENT RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you. 1. Confidential Communications: You have the right to request that our practice communicate with you about your health issues in a particular manner or in a particular location. 2. Restrictions: You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payments or health care operations. 3. Access: You may request access to your medical file and records maintained by us. Requests must be made in writing or email. If you request copies by fax or email, there will be no charge. However, if mailed copies are sent to you, we will charge for postage and handling. 4. Right to a paper copy of this notice. 5. Complaints: If you believe that your privacy rights have been violated, you may file a complaint, in writing with our practice or with the OCR/Secretary of the Department of Health and Human Services, contact number 877-696-6775. To file a complaint in our practice please send an email to our privacy officer. 6. Authorizations: Our practice will obtain in writing, authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to use regarding the use and disclosure of your IIHI may be revoked at any time in writing. 7. Accounting of Disclosures: You have the right to receive an accounting of disclosures of your IIHI. 8. Amendments: You have the right to take exception to information in your records and request corrections.

Privacy Officer and Office manager: Gida Zatari. Contact Number: 832-688-8400.

PLEASE SIGN IN ACKNOWLEDGEMENT THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE

SIGNATURE: _____

PRINTED NAME: _____ **DATE:** _____