



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

<p><i>For office use only:</i></p> <p>Patient Name: _____</p> <p>Medical Record #: _____</p> <p>Date of Admission: _____</p>
--

By signing this form, you acknowledge that Singleton Associates, P.A. has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations.

Please check all that are true:

- I have received Singleton Associates, P.A.'s Privacy Notice.
- Singleton Associates, P.A. has given me the chance to discuss my concerns and questions about the privacy of my health information.

Patient's Signature

Date

Singleton Associates, P.A.'s staff should complete if Acknowledgement is not signed:

Does patient have a copy of the Privacy Notice?

- Yes
- No

Please explain why the patient was unable to sign an acknowledgement form and Singleton Associates, P.A.'s efforts in trying to obtain the patient's signature:

**Singleton Associates, P.A.
Notice of Privacy Practices**

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.

If you have any questions about this notice please contact our Privacy Office at 832-355-4424

The physicians of Singleton Associates, P.A. (SAPA) understand that medical information about you is personal. We are committed to protecting the confidentiality of your private health information and require all of our medical staff, advisors and business associates to adhere with absolute compliance to the policies as stated in this Notice of Privacy Practices. "Protected health information" ("PHI") is information about you, including demographic information, that may identify you and relates to your past, present or future physical or mental health or condition and related health care services. This Notice informs you about the ways in which we may collect, use and disclose your PHI to carry out treatment, payment or healthcare operations and for other specified purposes that are permitted or required by law. Your rights concerning your PHI are also discussed in this Notice.

Joint Notice of Privacy

This Joint Notice applies to the privacy practices of Singleton Associates, P.A., its medical staff and any business associate, advisor or partner with whom we share health information. SAPA is a privately owned and operated radiology physician practice providing professional services to St. Luke's Episcopal Hospital, St. Luke's Community Medical Center – The Woodlands, Texas Children's Hospital and any of their ancillary locations throughout the Houston area. As independent contractors with these institutions, the physicians of SAPA are not the agents, servants, or employees of the institutions. These institutions may provide you a different health information privacy policy or notice and there will be different contact information. This Notice does not apply to your information in the custody of or the information practices of the institutions we serve.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- a basis for planning your care and treatment
- a means of communication among the many health professionals who contribute to your care
- a legal document describing the care you received
- a means by which you or a third party payer can verify that services billed were actually provided
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials charged with improving the health of the nation; and
- a tool with which we can access the continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- make sure it is accurate
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others

YOUR HEALTH INFORMATION RIGHTS AND RESPONSIBILITIES

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you, the patient. You have the right:

To request a restriction of your health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part

of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You may request a restriction by signing our restriction form.

SAPA is not required to agree to a restriction that you may request. If SAPA believes it is in your best interest to permit use and disclosure of your protected health information, we will tell you so and why. If SAPA does agree to the requested restriction, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment or is required by law.

To inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that SAPA uses for making decisions about you. There is a charge for a copy of your medical information. SAPA may deny access to health information if we determine that the release of information could be harmful to the physical, mental, or emotional health of a patient or could endanger the patient.

To have SAPA amend your protected health information. If you believe that the protected health information about you is incorrect or incomplete, you may request an amendment on the form provided by SAPA, which requires certain specific information. SAPA is not required to accept the amendment. Please contact our Privacy Office if you have questions about amending your medical record.

To receive an accounting of certain disclosures we have made, if any, of your protected health information. You may request a list of the disclosures of your protected health information that have been made to persons or entities other than for treatment, payment, or healthcare operations in the past (6) years, and may not include dates before April 14, 2003. Your request must be in writing. Please contact our Privacy Office if you have any questions.

To request communication by alternative means or at an alternative location. We will accommodate reasonable requests but we will ask that you give us information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require explanation from you on the basis for the request. Please make this request at the time of registration.

SAPA’S COMMITMENTS

SAPA is committed:

- to maintain the privacy of your health information
- to disclose only the minimum necessary information
- to provide you with a notice about our legal duties and privacy practices concerning information we collect and maintain about you
- to abide about the terms of this notice
- to notify you if we are unable to agree to a restriction you request
- to accommodate your reasonable requests to communicate health information by alternative means or at alternative locations

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Following are some examples of the types of uses and disclosures of your protected health care information that SAPA is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by SAPA.

Uses and Disclosures for Treatment, Payment and Healthcare Operations

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party provider. For example, we would disclose protected health information to another physician or healthcare provider (e.g. a specialist or laboratory) who becomes involved in your care. Whenever an arrangement between SAPA and a business associate involves the use or disclosure

of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Payment: Your protected health information will be used, as needed, to obtain payment for your healthcare services. This may include providing health information for making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization-review activities.

Healthcare Operations: We may use or disclose to appropriate parties your protected health information in order to support the programs and activities of SAPA. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

For example, we may use your protected health information to assess the quality of care provided by SAPA. We may use or disclose your protected health information, as necessary, for schedule reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization

Abuse or Neglect: To Child Protective Services, Adult Protective Services, or other governmental body that is authorized by law to receive reports of abuse or neglect. The disclosure will be made consistent with the requirements of applicable federal and state laws.

Communicable Diseases: To a person who may have been exposed to a communicable disease or may otherwise be at risk of contacting or spreading the disease or condition.

Coroners, Medical Examiner and Funeral Directors: To a coroner, medical examiner, or funeral directors, to perform duties authorized by law.

Correctional Institution: Health information about inmates of correctional institutions may be released to the institution.

Disaster Relief: To coordinate relief efforts.

Federal Law: When required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal law.

Food and Drug Administration: To a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls; to make repairs or replacements, to conduct post-marketing surveillance.

Group Health Plans: SAPA maintains a group health plan for its employees, and may disclose protected health information of individuals covered under this plan to the sponsor of the group health plan, as permitted by law.

Health Oversight: The Texas State Board of Medical Examiners, US Department of Health and Human Services, or other health oversight agency for activities authorized by law, such as audits, investigations, surveys, and inspections.

Law Enforcement: For purposes including (1) Legal processes and as required by law, (2) limited information requests for identification and location purposes, (3) authorized uses pertaining to witnesses, defendants, or victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) a crime that occurred on the premises, and (6) medical emergency (not on the premises) in which it is likely that a crime has occurred.

Legal Proceedings: In the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

Military Activity: Protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We

may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Organ and Tissue Donation: To organizations that handle organ procurement or transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Public Health: To the CDC, the Texas Department of Health, and other public health authorities for public health activities as permitted by law.

Required By Law: Use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Research: To researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Safety: To prevent a serious threat to health or safety.

Worker's Compensation: To comply with worker's compensation laws and other similar legally established programs.

Uses and Disclosures That May Be Made Unless You Object

Facility Directory: Unless instructed otherwise, SAPA will disclose your name, general condition, and location in the Hospital to those who ask for you by name. Your religious affiliation will be provided to members of the clergy.

Family and Friends: We may disclose protected health information to a family member, other relative, friend, or other person you identify, if the information is relevant to that person's involvement in your care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke your authorization, at any time, in writing. Of course, we are unable to take back any disclosures that have already been made with your authorization.

You may obtain a paper copy of this Notice from us even if you have agreed to accept this notice electronically. Paper copies of this Notice may be obtained from the registration or admissions desk.

COMPLAINTS: You may complain to SAPA or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by SAPA. We will not retaliate against you for filing a complaint.

You may contact our Privacy Office at (832) 355-4424 for further information about the complaint process.

If you wish to file a complaint with the Department of Health and Human Services, you may write to:

Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
(214)767-4056 Voice
(214)767-0432 Fax