

Notice of Privacy Practices as Required by Federal Law

Effective Date: July 14, 2023

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

1. Our Obligations

Houston Pediatric Neurology and Sleep (HPNS) is dedicated to maintaining the privacy of your protected health information (PHI). We are required by law to:

- 1.1. Maintain the confidentiality of your PHI.
- 1.2. Provide you with this privacy notice that explains our legal duties and privacy practices.
- 1.3. Follow the terms of the most current privacy notice.

2. Uses and Disclosures of Your PHI

2.1. Treatment: We may use and disclose your PHI to provide you with medical treatment and services. This includes coordinating care with other healthcare providers and specialists involved in your treatment.

2.2. Payment: We may use and disclose your PHI to bill and collect payment for the medical services provided to you. This may involve sharing information with insurance companies, billing agencies, and other healthcare providers.

2.3. Healthcare Operations: We may use and disclose your PHI for healthcare operations, which include activities such as quality improvement, auditing, training, and ensuring compliance with legal requirements.

2.4. Required by Law: We may use and disclose your PHI when required by law, such as reporting certain communicable diseases, suspected abuse or neglect, or in response to a court order or subpoena.

2.5. Public Health: We may disclose your PHI for public health purposes, such as reporting disease outbreaks, monitoring product recalls, or conducting vital statistics research.

2.6. Research: In certain circumstances, we may use or disclose your PHI for research purposes with your authorization or when the research has been approved by an institutional review board.

2.7. Business Associates: We may disclose your PHI to our business associates who provide services on our behalf, such as transcription services, laboratory testing, prescription refills, or IT support. These business associates are obligated to protect your information.

2.8. Family: We may disclose your PHI to your family members involved in your healthcare only with your written consent.

2.9. Marketing and Fundraising: We will not use or disclose your PHI for marketing or fundraising purposes without obtaining your written authorization.

3. Your Rights

3.1. Right to Access: You have the right to access and obtain a copy of your PHI held by us. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

3.2. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI. However, we are not required to agree to your request if it interferes with providing appropriate care or is prohibited by law.

3.3. Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a specific location to preserve your privacy.

3.4. Right to Request Amendments: You have the right to request an amendment to your PHI if you believe it is incorrect or incomplete. We may deny your request under certain circumstances, but you have the right to include a statement of disagreement.

3.5. Right to an Accounting: You have the right to request an accounting of certain disclosures of your PHI made by us.

3.6. Right to a Paper Copy: You have the right to obtain a paper copy of this privacy notice upon request.

HPNS reserves the right to change this Notice and make the revised Notice effective for PHI HPNS has about you already, as well as any information HPNS receives in the future.