

Walter D. Gracia, M.D., P.A.  
Plastic and Reconstructive Surgery  
Cosmetic Surgery & Hand Surgery

### **HIPAA 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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or require by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, included demographic information, that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services.

#### Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and other outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We would 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. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care for you. Another example, your protected health information may be provided to a provider to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for hospital admissions or to pre-authorize any medical treatment.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Disease: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you when required by the Security of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures: Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the uses or disclosure indicated in the authorization.

Your Rights: Following is a statement of your rights with a respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or that prohibits access to protected health information.

You have the right to request a restriction of your protected 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 as 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 have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting for certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided this notice.

#### To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Walter D. Gracia, M.D. at 1204 5th Avenue, Fort Worth, TX 76104, (817) 336-9450, Email to: wdgraciamd@hotmail.com

Additionally, if you believe your privacy rights have been violated you may file a written complaint at our office by delivering the written complaint to Walter D. Gracia, M.D. You may also file a complaint by mailing it to the Security of Health and Human Services at The U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, (877) 696-6775.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office/hospital.

We cannot, and will not, retaliate against you for filling a complaint with the Secretary of Health and Human Services.

This notice was published and becomes effective on/or April 14, 2013

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Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Communication Preferences**

I give permission to receive communication from Walter D. Gracia, M.D., P.A. in the following forms (check all that apply):

- Home phone      May we leave a message    Yes    or    No
- Cell phone      May we leave a message    Yes    or    No
- Work phone      May we leave a message    Yes    or    No
- E-mail      \_\_\_\_\_
- Mail (if different)      \_\_\_\_\_  
\_\_\_\_\_
- Other      \_\_\_\_\_

**Acknowledgement of Receipt of Notice of Privacy Practices**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have objections to this form, please ask to speak with Walter D. Gracia, M.D., P.A.

Signature below is only acknowledge that you have received this Notice of our Privacy Practices.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient / Patient Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness (Office Staff)

\_\_\_\_\_  
Patient Chart #