



Joe B. Neely, M.D. • James W. Watkins, M.D. • Matthew Yaeger, M.D. • Somer Curtis, M.D.
Hillary Lewis, M.D. • Karen R. Halsell, M.D.

Notice of Privacy Practices

Pediatricians of Dallas is required by law to maintain the privacy of your medical information both paper and electronic to the extent required by Texas and Federal HIPAA Law; notify affected individuals following a breach of unsecured medical information; and follow the terms of this "Notice of Privacy Practices".

The guardian (parent, grandparent, nanny, etc.) and any other person attending the office visit may contribute to the health record, i.e., symptoms, examination, diagnosis, treatment, and a plan for future care. It is assumed that the guardian present has been granted permission by the custodial parent(s) to contribute to or observe the office visit.

How We May Disclose Medical Information About You

Treatment: To nurses and other health care providers who are providing or involved in the care of your child both inside and outside the practice. This includes referrals, laboratory tests/results, and to physicians and nurses if the patient is transferred to a higher level of care.

Payment: Your health information may be used to seek payment from your health plan, from third party collections, and/or automobile insurers. For example, your health plan may require information on dates of service, service provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support day to day operations and management of the practice; to support budgeting and financial reporting and used in quality improvement.

Law enforcement: Your health information may be disclosed to law enforcement agencies to support government audits, inspections, or investigations and/or comply with government mandated reporting.

Public Health reporting: When required by law to report to local and state public health agencies, communicable diseases of public health concern.

Appointment reminders: Your health information will be used by our staff to remind you of your upcoming appointments.

Business Associates: Billing associates and attorneys may be provided patient health information for business purposes and legal matters. To protect your information however, we require that our business associates appropriately safeguard your information.

To Avert Imminent Threat of Injury to Health or Safety: Such disclosure would only be to medical and/or law enforcement personnel to prevent a serious threat to mental, emotional health, or physical safety of another person.

Electronic Disclosures of Medical Information: Under Texas law, we are required to provide notice to you if your medical information is subject to electronic disclosure. This notice serves as a general notice

that we may disclose your medical information electronically for treatment, payment, or health care operations or as otherwise authorized or required by state or federal law.

Photographs: We will display photographs such as Holiday cards or marketing photographs sent to us unless you give specific instructions not to display them.

Other Uses and Disclosures Require Your Authorization

Disclosure of your health information or its use for any purpose other than those listed above, requires your specific written authorization. If you change your mind after authorizing a use or disclosure, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or take back any uses or disclosures of information that occurred before you notified us of your decision to revoke your authorization, and that we are required to retain our records of the care that we provided to you.

Individual Rights

You have certain rights under state and federal privacy standards. These include:

1. The right to request and inspect a copy of your protected medical records in writing using our "Medical Records Release Form"; The fee we may charge for copies of your medical records will be the no more than the amount allowed by state law.
2. The right to amend or submit corrections to information if you feel that it is incorrect or incomplete. We may deny your request for amendment if it is not submitted in writing, if it does not include a reason to support the request, if the information was not created by Pediatricians of Dallas, or if the information is accurate and complete per your MD. If we deny your request, we will notify you of that denial in writing.
3. The right to an accounting of disclosures of how and to whom your protected health information has been disclosed.
4. The right to receive a paper copy of this notice.
5. The right to a breach notification if we become aware that your medical information has been improperly disclosed or otherwise subject to a "breach" as defined by HIPAA and applicable state law.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices by changes in state and federal laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Complaints

If you would like to submit a complaint or concern about our privacy practices, you can do so by sending a letter addressed to:

Privacy Office
Pediatricians of Dallas
8325 Walnut Hill Ln, Ste 225, Dallas, TX 75231

Revision Date: 2/16/2022