



JOHN G. McHENRY, M.D., M.P.H., P.L.L.C.

WHAT IS THIS NOTICE?

This notice tells you:

How we use and release your health information

Your rights concerning your health information

Our responsibilities to protect your health information.

TO WHOM DOES THIS NOTICE APPLY?

This notice applies to:

Any member or volunteer group who may help you while you are seeking health care at John G. McHenry, M.D., M.P.H., P.L.L.C.

WHAT ARE OUR RESPONSIBILITIES TO YOU?

Your health information is personal. We are required by law to protect the privacy of your health information and will only release your health information as allowed by law or with special written permission (authorization) from you. We use the least amount of health information needed to do our work. Only those who need your health information to provide services are allowed to use it. John G. McHenry M.D., M.P.H., P.L.L.C. protects your information whether verbal, on paper or electronic.

HOW DO WE USE AND RELEASE YOUR HEALTH INFORMATION?

John G. McHenry, M.D., M.P.H., P.L.L.C. has to use and release some of your health information to conduct its business. The following section explains some of the ways we are permitted to use and release health information without authorization from you.

Treatment Purposes

While we are providing you with health-care services, we may need to share your health information with other health-care providers or other individuals who are involved in your treatment. Examples include: doctors, hospitals, pharmacists, therapists, nurses and labs that are involved in your care.

Payment Purposes

John G. McHenry, M.D., M.P.H., P. L.L.C. may need to share a limited amount of health information to obtain or provide payment for the health-care services provided to you. Examples include:

Eligibility—we may contact the company or government program that will be paying for your health care. This helps us determine if you are eligible for benefits, and if you are responsible for paying a co-payment or deductible.

Claims— John G. McHenry, M.D., M.P.H., P.L.L.C. and businesses we work with share health information for billing and payment purposes. For example, your doctor must submit a claim form to get paid, and the claim form must contain certain health information.

Case Management and Referral—If you have a health problem or a health-care need is identified by your or one of your providers, you may be referred to an organization such as a home health agency, medical-equipment company or other community or government program. This may require the release of your health information to these agencies.

Appointment Reminders—John G. McHenry M.D., M.P.H., P.L.L.C. may use your health records to remind you of recommended services, treatments or scheduled appointments.

OTHER PURPOSES

Required by Law—Sometimes we must report some of your health information to legal officials or authorities, such law enforcement officials, court officials, governmental agencies or attorneys. Examples include: reporting suspected abuse or neglect, reporting domestic violence or certain physical injuries, or responding to a court order, subpoena, warrant or lawsuit request.

Public Health Activities—We may be required to report your health information to authorities to help prevent or control disease, injury or disability. Examples include: reporting certain diseases, injuries, birth or death information; information of concern to the Food and Drug Administration; or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.

Health Oversight Agencies—We may be required to release health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health-care system, or for governmental benefit programs.

Activities Related to Death— We may be required to release health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death. Examples include: identifying the body, determining the cause of death, or, in the case of funeral directors, carrying out funeral preparation activities.

To Avoid a Serious Threat to Health or Safety—As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to anyone's health or safety.

Military, National Security or Incarceration/Law Enforcement Custody—We may be required to release your health information to the proper authorities so they may carry out their duties under the law. This may be the case if you are in the military or involved in national security or intelligence activities, or if you are in the custody of law-enforcement officials.

USE AND RELEASE OF YOUR HEALTH INFORMATION REQUIRING YOUR AUTHORIZATION

Persons Involved in Your Care—In certain situations, we may release health information about you to persons involved with your care, such as friends or family members. We may also give information to someone who helps pay for your care. You have the right to approve such releases, unless you are unable to function, or if there is an emergency.

Notification/Disaster Relief Purposes—In certain situations, we may share your health information with the American Red Cross or another similar federal, state, or local disaster relief agency or authority, to help the agency to locate persons affected by the disaster.

Directory Information - Except for emergency situations or when you object, we may share your location and general condition with persons who request information about you by name, and may share all of your directory information with members of the clergy.

WHEN IS YOUR AUTHORIZATION REQUIRED?

Except for the types of situations listed, we must obtain your authorization for any other types of releases of your health information. If you provide us authorization to use or release health information about you, you may cancel that authorization in writing at any time. Any authorization you sign may be cancelled by following the instructions described on the authorization form.

WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION?

Right to Receive This Notice of Privacy Practices—You have the right to receive a paper copy of this notice at any time. You may obtain a copy of the current notice in our office or by visiting our website at www.johngmchenrymd.com.

Right to Request Confidential Communications—You have the right to ask that John G. McHenry, M.D., M.P.H., P.L.L.C. communicate your health information to you in different ways or places. For example, you can ask that we only contact you by telephone at work, or that we only contact you by mail at home. We will do this whenever it is reasonably possible. You can find out how to make such a request by contacting our office.

Right to Request Restrictions—You have the right to request restrictions or limitations on how your health information is used or released. We have the right to deny your request. You may obtain information on how to ask for a restriction on the use or release of your information by contacting the clinic.

RIGHT TO ACCESS—With a few exceptions, you have the right to review and receive a copy of your health information. Some of the exceptions include:

- Psychotherapy notes;

- Information gathered for court proceedings; and

- Any information your provider feels would cause you to commit serious harm to yourself or to others.

For your records please call 214-862-2243. The office will provide you with the necessary form and assistance.

RIGHT TO A RECORD OF RELEASES—You have the right to ask for a list of releases of your health information by sending a written request to our office. This list will not include releases for treatment, payment, health-care operations or releases that you have authorized.

WHAT CAN YOU DO IF YOU HAVE A COMPLAINT ABOUT HOW YOUR HEALTH INFORMATION IS HANDLED?

If you believe that your privacy rights have been violated, you may file a complaint with our office or with the Secretary of Health and Human Services. You will not be denied treatment or penalized in any way if you file a complaint.

JOHN G. McHENRY, M.D., M.P.H., P.L.L.C.

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Signature acknowledges that patient and/or guardian has received these instructions and understands them.

Parent or Guardian Signature

Time/Date

Witnessed or Instructed by

Time/Date