



**Charles B. Christian, Jr. M.D. Privacy Officer
dba Inside Outside Wellness Center & Medical Spa**

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.

We are required by law to protect the privacy of your medical information. We are also required to abide by the terms of this notice, and to notify any individual whose protected health information has been breached. The following is a description of our privacy practices with respect to your Protected Health Information (PHI) or electronic Protected Health Information (ePHI). PHI and ePHI is information about you, including demographic information, that may identify you and that relates to your past, present or future health condition. You may request a copy of this notice or download a version [here](#). For more information about our privacy practices and policies, please contact the person listed at the end of this notice.

Your Rights

When it comes to your PHI or ePHI, you have certain rights.

- 1. Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information within 15 days of your request.
- 2. Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "No" to your request but we'll tell you why in writing within 60 Days.
- 3. Request Confidential Communications.** You can ask us to contact you in a specific way (ie home, office, cell phone) or send email or mail to a certain address. We will say "Yes" to all reasonable requests. We will ask you to sign an [Authorization and Consent](#) for us to use Text, eMail, Internet, Fax or Voice Communication.
- 4. Ask us to limit what we use or share.** You can ask us NOT to use or share certain health information for treatment, payment or our operations. If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment with your health insurer. We will say "Yes" unless a law requires us to share that information.
- 5. Get a list of those with whom we've shared information.** You can ask for a list of the times we've shared your health information for 6 years, who we shared it with and why. We will include all the disclosures except those about treatment, payment and health care operations.
- 6. Get a copy of this Privacy Notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- 7. Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information. We will make sure the person has the authority and can act for you before we take any action.
- 8. File a Complaint if you feel your rights are violated.** Notify us using the information at the bottom of this page. You can also file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave S.W., Washington D. C. 20201, calling 1-877-696-6775 or [visiting www.hhs.gov/ocr/privacy/hippa/complaints](http://www.hhs.gov/ocr/privacy/hippa/complaints). We will not retaliate against you for filing a complaint.

Your Choices

For certain PHI or ePHI if you have a clear preference, tell us what you want us to do and we will follow your instructions.

- 1. In these cases, you have both the right and choice to tell us:** To share or restrict information with your family, close friends, or others involved with your care. To share or restrict information in a disaster relief situation. To include or restrict your name in a hospital directory or contacting you for fundraising efforts.
- 2. In these cases we never share your information unless you give us written permission:** Marketing purposes of any product, sale of your information and sharing of psychotherapy or addiction treatment notes.
- 3. In the case of fundraising:** You may approve or restrict requests for fundraising efforts and you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

- 1. Treat You.** We can use your PHI or ePHI to treat you and share it with other medical professionals who are treating you and therefore help coordinate your health care.
- 2. Run our organization and center.** We can use and share your PHI or ePHI to run our practice, improve your care and contact you when necessary. With your [Authorization and Consent](#), we may contact you by eMail, Text, Internet, Fax or Telephone to provide appointment reminders, to follow up after care or for other health related services. We may leave messages on voicemail, message machines or with another person asking you to call the center for the above mentioned reasons.
- 3. Bill for your services.** We can use and share your PHI and ePHI to bill and get payment from health plans, yourself or other entities.

How else can we use or share your PHI or ePHI?

We are allowed or required to share your information in other ways. These are usually in ways that contribute to the Public Good, such as Public Health and Research. There are many conditions in the law and restrictions before we can share your information for these purposes.

See www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html

- 1. Help with Public Health and Safety Issues.** We can share PHI or ePHI for Preventing Disease, Helping with Product Recalls, Reporting Adverse Reactions to Medication, Reporting Suspected Child or Senior Abuse, Neglect, Domestic Violence & Preventing or Reducing a Serious Threat to anyone's health/safety.
- 2. Get a list of those with whom we've shared information.** You can ask for a list of the times we've shared your health information for the past 6 years, who we shared it with and why. We will include all the disclosures except those about treatment, payment and health care operations.
- 3. Do Research** We can use or share your PHI or ePHI for health research if you consent to do so.
- 4. Comply with the Law.** We will share your PHI or ePHI if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with Federal Laws.
- 5. Respond to organ and tissue donation requests.** We can share PHI or ePHI about you with organ procurement organizations in certain situations.
- 6. Requests from Medical Examiners or Funeral Directors.** We can share PHI or ePHI with a coroner, medical examiner or a funeral director when an individual dies.
- 7. Address Workers' Compensation, Law Enforcement & other Government Requests.** Law enforcement purposes, workers' compensation claims, military, national security and presidential protective services.
- 8. Respond to Lawsuits and Legal Actions.** We can share PHI and ePHI about you in response to a court order, an administrative order or in response to a subpoena.

Our Responsibilities

These are our responsibilities to you.

- 1. We are required by law to maintain the privacy and security of your PHI and ePHI.**
- 2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI or ePHI.**
- 3. We must follow the duties and privacy practices described in this Notice and give you a paper copy of it if requested even if you have receive a digital copy of it.**
- 4. Will not use or share your PHI or ePHI other than as described in this Notice unless you tell us we can do so in writing. If you tell us "Yes", you may change your mind at any time. Let us know in writing if you want to change your mind about any disclosures of your PHI or ePHI.**
- 5. See: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html**

Changes to the Terms of This Notice:

We can change the terms of this Notice, and the changes will apply to all PHI and ePHI we have about you. The new Notice will be available in our office and on our web site.

Effective 9/25/2022

Sources: [NPP Full Page HC Provider – PDF](#)
[Texas Medical Privacy Act HB300 HS.181](#)
[Texas Data Breach Notification Law BC.521](#)

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Owner & Medical Director, Privacy Officer