



**Bee Well Pediatrics  
Cedar Park Pediatric & Family Medicine  
Georgetown Pediatrics & Family Medicine  
Neighborly MD  
Southwest Pediatric Associates  
Treehouse Pediatrics**

# Notice of Privacy Policy

This notice of Privacy Practices applies to Austin Health Partners, PLLC (AHP), and its affiliated entities Bee Well Pediatrics, Cedar Park Pediatric & Family Medicine, Georgetown Pediatrics & Family Medicine, Neighborly MD, Southwest Pediatric Associates, and Treehouse Pediatrics.

**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.**

Effective Date: 3/25/2020

## **Understanding Your Health Record/Health**

Each time you visit an Austin Health Partner (AHP) clinic a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- confirm its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others

## **Your Health Information Rights**

Although your health record is the physical property of Austin Health Partners, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- request that we not notify your health insurer of your treatment if you pay cash for the treatment
- obtain a paper copy of the notice of privacy practices upon request
- inspect and copy your health record



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- request an amendment to your health record
- obtain an accounting of certain disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

### **Our Responsibilities**

Austin Health Partners will:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

### **Breach Notification**

AHP will notify you of any unauthorized acquisition, access, use, or disclosure of your unsecured PH1 that presents a significant risk of financial, reputational, or other harm to you, to the extent required by law. Unsecured PH1 means PH1 not secured by technology that renders the information unusable, unreadable, or undecipherable as required by law.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the amended notice of privacy practices in each clinic location and on our company website. You may request that a copy be provided to you by contacting us at (512) 328-2266.

### **For more information**

If you would like additional information, you may contact us at (512) 328-2266.

### **To file a complaint**

If you think your rights have been violated, you may file a complaint with our Privacy Officer, 6034 W Courtyard Dr, Austin Texas 78730, or the Office of Civil Rights of the Department of Human Services and health: Office of Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. There will not be retaliation for filing a complaint.