

Mukesh Saraiya, M.D., P.A.

Lung Diseases and Internal Medicine

Diplomate American Board of Internal Medicine & Pulmonary Diseases

Notice of Privacy Policy

For Mukesh Saraiya M.D., P.A.

Denton Sleep Disorder Laboratory

Cooke County Disorder Laboratory

3200 Colorado Blvd., Suite 200

Denton, Texas 76210

(940) 381-0971

This notice describes how information about you may be used and disclosed and how you can get access to this information please review it **carefully**.

3200 Colorado Blvd., Suite 200, Denton, TX 76210
Phone: (940)381-0971 Fax: (940)3872563

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Introduction

At Mukesh Saraiya M.D., P.A. and Denton Sleep Disorders Laboratory we are committed to treating and protected health information about responsibly. This notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights to your protected information as defined by federal regulation.

Understanding Your Health Record/Information

Each time you visit Mukesh Saraiya M.D.,P.A. or Denton Sleep Disorders Laboratory 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 of treatment. This information often referred to as your health or medical record, serve as a;

- Basis for planning your care and treatment.
- Means for 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 of public health officials charged with improving the health of this state and nation.
- A source of data for our planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcome we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more

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informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health records is the physical property of Mukesh Saraiya

M.D., P.A. and Denton Sleep Disorders Laboratory the information belongs

to you. You have the right to:

- Obtain a paper copy of this notice of information practice upon request.
- Inspect and copy your health record as provided for 45CFR 164.524,
- Obtain an accounting of disclosures of your health information as provided in 45CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45CFR 164.522, and,
- Revoke your authorization to use health information except to the extent that action has already been taken.

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Our Responsibilities

Mukesh Saraiya M.D.,P.A. and Denton Sleep Disorders Laboratory is required to:

- Maintain the privacy of you health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable means or at alternative locations.

We reserve the right to change our practice an to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail revised notice to the address you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

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For More Information or to Report a Problem

If you have a question and would like additional information, you may contact the practice's Privacy Officer at (940) 381-0971.

If you believe your privacy right have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department for Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

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Example of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example:

A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis procedures, and supplies used.

We will use your health information for regular health operations.

For example:

Members of the medical staff, the risk or quality improvement manager or members of the quality improvement team use the care and outcomes in your health records to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care service we provide.

Business associates:

There are some services provided in our organization through contact with business associates. Example includes physician services in the emergency department and radiology department, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or the third-party payer for services rendered. To protect your health information however, we require the business associates to appropriately safeguard your information.

Directory:

Unless you notify that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of clergy and, except for religious affiliation, to other people who ask for you by name.

Notification:

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

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Communication with family:

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to the person's involvement in your care and payment related to your care.

Research:

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors:

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations:

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing:

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising:

We may contact you as part of a fundraising effort.

Food and Drug Administration (FDA):

We may disclose to the FDA health information relative adverse events with respect to food, supplements, product and product recalls, repairs, or replacements.

Work compensation:

We may disclose health information to an extent authorized by and the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

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Public health:

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement:

We may disclose health information for law purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more, workers or the public.