

Notice of Privacy Practices – Federal Regulations

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

USE AND DISCLOSURE OF HEALTH INFORMATION: Dr. Taylor's office, North Texas Neuropsychology and Behavioral Medicine Services, may use your protected health information (PHI), that is, Information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the HIPPA, for purposes of providing you treatment, obtaining payment for your care, and conducting healthcare operations. Dr. Taylor's office has established a policy to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed.

To Provide Treatment:

Dr. Taylor's office may use your PHI to provide care to you and disclose your PHI to others who provide care to you. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

To Obtain Payment:

Dr. Taylor's office may include your PHI in invoices to collect payment from third parties for the care you receive from us. For example, Dr. Taylor may be required by your health insurance company to provide information regarding your care status so that the insurer will reimburse you or Dr Taylor. Our office may also need to obtain prior approval from your insurer and may need to explain your need for the health care services that will be provided to you.

To Conduct Health Care Operations:

Dr. Taylor's office may use and disclose your PHI for office operations to facilitate care and treatment as necessary to provide care to all patients of Dr. Taylor's office, North Texas Neuropsychology and Behavioral Medicine Services. Health care operations include: quality assessment and improvement, protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment, professional review, performance evaluation, training programs (including those in which students, trainees or practitioners in health care learn under supervision), training of the non-healthcare professionals, accreditation, certification, licensing, or credentialing activities, review and auditing (including compliance reviews), medical reviews, legal services and compliance programs.

For Appointment Reminders:

Dr. Taylor's office may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care with our office.

When Legally Required:

Dr. Taylor's office may use and disclose your PHI when required to do so by federal, state, or local law.

To Report Abuse, Neglect, or Domestic Violence:

Dr. Taylor's office is allowed to notify government authorities if it is believed a patient is the victim of abuse, neglect, or domestic violence. Dr Taylor's office will make this disclosure only when specifically required or authorized by law or when the patient agrees to disclosure.

To Conduct Health Oversight Activities:

Dr. Taylor's office may use and disclose your PHI to a health oversight agency for activities including: audits, civil, administrative, or criminal investigations, licensure or disciplinary action. Dr. Taylor's office may NOT disclose your PHI if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings:

As permitted or required under State law, Dr Taylor's office may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process. Dr. Taylor's office will make reasonable efforts to either notify you about the request or to obtain an order protecting your PHI.

For Law Enforcement Purposes:

As permitted or required by state law, Dr. Taylor may disclose your PHI to a law enforcement official for certain law enforcement purposes, including, under limited circumstance, if you are a victim of a crime, or in order to report a crime.

In Event of a Serious Threat to Health and Safety:

Provider may, consistent with applicable law and ethical standards of conduct, disclose your PHI if Dr. Taylor, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or the health and safety of the public.

For Specified Government Functions:

In certain circumstances, Federal Regulations authorize Dr. Taylor to disclose or use your PHI to facilitate specific government functions related to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates law enforcement custody.

For Worker's Compensation:

Dr. Taylor may release your PHI for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION: Other than stated above, Dr. Taylor's office, North Texas Neuropsychology and Behavioral Medicine Services, will not disclose your PHI other than with your written consent. If you or your representative authorizes Dr. Taylor's office to use or disclose your PHI, you may revoke that authorization in writing at any time.

You have the following rights regarding your PHI that Dr. Taylor maintains:

Right to Request Restrictions:

You may request restrictions on certain uses and disclosure of your health information. You have the right to address a limit on Dr. Taylor's disclosure of your PHI to someone who is involved with your care or the payment of your care. However, Dr. Taylor's office is not required to agree to your request. To make a request for restrictions, please contact Dr. Taylor's office: North Texas Neuropsychology and Behavioral Medicine Services at (214) 872-4411.

Right to Receive Confidential Communications:

You have the right to request that Dr. Taylor communicates with you in a certain way. For example, you may request that Dr. Taylor only conducts communication pertaining to your PHI privately with no other family members present. If you wish to receive confidential communication, please contact Dr. Taylor's office: North Texas Neuropsychology and Behavioral Medicine Services at (214) 872-4411. If you request a copy of your health information, Dr. Taylor may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Your Health Information:

You or your representative have the right to request that Dr. Taylor amend your records if you believe your health information records are incorrect or incomplete. That request may be made as long as information is maintained by Dr. Taylor. A request for an amendment of records must be made in writing. Dr. Taylor may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your PHI was not created by Dr. Taylor, if the records you are requesting are not part of Dr. Taylor's records, if health information you wish to amend is not part of the information you or your representative are permitted to inspect and copy, or if, in the opinion of Dr. Taylor, the records containing your health information are accurate and complete.

Right to an Accounting:

You or your representative have the right to request an accounting of disclosures of your PHI made by Dr. Taylor for certain purposes, which may include disclosures authorized by law. The request for an accounting must be made in writing. The request must specify the time period of the accounting. Accounting requests may not be made for periods of time in excess of six (6) years. Dr. Taylor will provide the first accounting you request during any twelve (12) month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Notice:

You or your representative have the right to a separate paper copy of this notice at any given time even if you or your representative have received this notice previously. To obtain a separate paper copy, please contact: Dr. Taylor's office: North Texas Neuropsychology and Behavioral Medicine Services at (214) 872-4411.

Duties of Dr. Taylor and office of North Texas Neuropsychology and Behavioral Medicine Services:

Dr. Taylor's office is required to maintain the privacy of your PHI and to provide you or your representative this notice of its duties and privacy practices. Dr. Taylor reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. You or your representative have the right to express complaints to Dr. Taylor and to the Secretary of Health and Human Services if you or your representative believe that your privacy rights have been violated. Dr. Taylor encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Information:

For all issues regarding patient privacy and your rights under the Federal Privacy Standards, contact Dr. Taylor's office: North Texas Neuropsychology and Behavioral Medicine Services.

Phone: (214) 872-4411, Address: 9555 Lebanon Road Suite 902 Frisco, Texas 75035

Email: brainsarefunfrisco@gmail.com, Fax: (844) 270-4023

Effective Date: This notice effective date is January 2025