



# Doctors Fox and Fields

Serving Our Community Since 1982

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## Notice of Privacy Practices for Drs. Fox and Fields

Effective date: 3-31-03

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

If you have any questions about this notice, please contact our office manager at (405) 364-6432.

### Who Will Follow This Notice

This notice describes our office's practices and that of:

- Any healthcare professional authorized to enter information into your file or record
- All employees, staff, and other personnel
- Laboratories and billing services and their personnel

In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or hospital operations purposes described in this notice.

### Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. We create a record of care to comply with certain legal requirements. This notice applies to all of the records of your care through our office. This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that is currently in effect.

### How We May Use and Disclose Your Medical Information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. Different departments of our practice also may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside our practice that may be involved in your medical care, such as family members or others we use to provide services that are part of your care.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Related Benefits and Services:** We may use and disclose medical information to contact you regarding appointment reminders, alternative treatments available, or other health-related services and benefits.

**Individuals Involved in Your Care or Payment for Your Care:** We may release your medical information, including your condition, to your designated family members and friends involved in medical care, including interpreters; as well as persons who help pay for your medical care. We may also disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' needs for privacy of their medical information. Before we use or disclose medical information for research, the project will have to be approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example to help them look for patients with specific medical needs. We will almost always ask for your specific permissions if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care in our practice.

**As Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **Special Situations**

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information or organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military authority.

**Public Health Records:** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disabilities
- To report birth and deaths
- To report child abuse and neglect
- To report vulnerable adult abuse
- To report reactions to medications or problems with products
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient had been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person

- About the victim or a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Medical Examiners and Funeral Directors:** We may release medical information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about the patient to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons for foreign heads of state or conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement official, we may release medical information about you to that correctional institution or law enforcement official. This release would be necessary (1) for this practice to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security or the correctional institution.

### **Your Rights Regarding Medical Information About You.**

You have the following rights regarding medical information we maintain about you:

**Right to inspect and a copy:** You have the right to inspect medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To request a copy of medical information that may be used to make decisions about you, you must submit your request in writing to Drs. Fox and Fields, Attn: Medical Records. For your convenience you may obtain a medical records request form from our offices or from the resources page of our website. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request.

**Right to Amend:** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our practice.

To request an amendment, your request must be made in writing and submitted to Drs. Fox and Fields, Attn: Medical Records, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by this office, unless the person or entities that created the information is no longer available to make the amendment
- Is not part of the medical information kept by our practice.
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we have made of your medical information.

To request this list or accounting of disclosures, you must submit your request in writing to Drs. Fox and Fields, Attn: Medical Records. Your request must state a time period which may not be longer than 6 years and may not include dates prior to April 14<sup>th</sup>, 2003. The first list you request within a 12 month period is free. For retrieval of information in archived records or additional lists, we will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restriction:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Drs. Fox and Fields Attn: Medical Records. In your request for restrictions, you must tell us (1) what information you want limited; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example disclosures to your previously approved relative or friend.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Drs. Fox and Fields, Attn: Medical Records. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Copy of this Notice:** You have the right to a copy of this notice. You may request us to give you a copy of this notice at any time.

**Changes to this Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The Notice will contain the first page, in the top right-hand corner, the effective date.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with office or the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Office Manager at (405) 364-6432.

All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

**Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care we provided to you.

Office of Civil Rights, Region VI  
US Department of Health and Human Services  
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