

RAFAEL A. RODRIGUEZ, M.D., P.A.
INTERNAL MEDICINE
Specializing an Adults and Senior Citizens
3228 I – 30, Suite # 200
Mesquite, Texas 75150
Ph# (972) 216-5400
Fax# (972) 216-5405

Notice of Privacy Practices

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

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices. You can request a copy of this notice at anytime. For more information about this notice or our privacy practices and policies, please contact the compliance officer Beckie Delgado.

Treatment, Payment, Health Care Operations

Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, (your care may require the involvement of a specialist. When we refer you to a specialist we will share some or all of your information with that physician to facilitate of your care.) OR

The physician in this practice is a specialist. When we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information such as a description of the medical services provided to you, that your insurer or HMO needs to approve payment to us.

Health Care Operations

We are permitted to use or disclose your medical information for the purpose of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and/or the law. OR

For example, we may ask another physician to review this practice's charts and medical records to evaluate our performance so that we may ensure that only the best health care is provided by this practice.

Accounting of Certain Disclosures

The HIPPA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, healthcare operations, or made via an authorized signed by you or your representative. Please submit any request for an accounting to the person listed below. Your first accounting disclosure (within a 12 month period) will be free. For additional request within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request before any cost is incurred.

Appointment Reminders, Treatment Alternative, and Other Health-related Benefits

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

Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filling a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services

HIPPA Complaint

7500 Security Blvd., C5-24-04

Baltimore, MD 21244

Our Promise to You

We require by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practice in effect.

Question and Contact Person for Request

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Beckie Delgado

3228 I – 30, Suite # 200

Mesquite, Tx 75150

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Fax# (972) 216-5405

This notice is effective on the following date: April 14, 2003

We may change our policies and this notice at any time and have those revised polices apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.

DR. RAFAEL A. RODRIGUEZ, M.D.
INTERNAL MEDICINE
929 North Galloway, Suite 220
Specializing an Adults and Senior Citizens
Ph# (972) 216-5400

**Acknowledgement of Review of
Notice of Privacy Practices**

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority