

# BAY AREA UROLOGY ASSOCIATES H. R. WAGNER, M.D., F.A.C.S.

## 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 it carefully.

Bay Area Urology Associates respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses and treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

Examples of uses and disclosures of protected health information for treatment, payment, and health care operations:

**For treatment:** Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing your care. This will help them stay informed about your care.

**For payment:** We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

**For health care operations:** We may use your medical records to assess quality and improve our services.

**Appointment Reminders and Treatment Calls:** Bay Area Urology Associates may contact you to provide appointment reminders or information about treatment plans, medication or test results, other health-related benefits and services that may be of interest to you. When contact is made via telephone, messages will be left on answering machines with our Physician's name, person calling and reason for our call.

**Notification and Communication With Family or Other:** Bay Area Urology Associates personnel, exercising their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

**Public Health:** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

**Required By Law:** Bay Area Urology Associates may use and disclose information about you as required by law. For example; may disclose information for the following purpose;

- For judicial and administrative proceedings pursuant to legal authority
- To report information related to victims of abuse, neglect or domestic violence
- To aid law enforcement officials in their law enforcement duties

**Decedents:** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Other uses and disclosures of protected health information:**

- To organ procurement organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products. To comply with workers' compensation laws—if you make a workers' compensation claim.
- For health and safety oversight activities for example, we may share health information with the Department of Health. For disaster relief purposes for example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For work-related conditions that could affect employee health for example, an employer may ask us to assess health risks on a job site. To the military authorities of U.S. and foreign military personnel for example, the law may require us to provide information necessary to a military mission.
- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

**Your Health Information Rights**

The health and billing records we create and store are the property of Bay Area Urology Associates. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice. Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice"). Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information—except in certain circumstances. Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing. Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

**Our Responsibilities - We are required to:**

- Maintain the privacy of your protected health information.
- Provide you with this notice and our practices with respect to your protected health information.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up, as well as reviewing our HIPAA form online.

**Website:** We have a website that provides information about us. For your benefit, our office forms as well as this Notice is on the website.

**To ask for help or complain:** If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Sandra K. Brown  
Administrator  
281-332-9502

You may also file a written complaint with the U.S. Secretary of Health and Human Services.