

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

Effective date: July 1, 2025

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.

Who we are and how to contact us

Rheumatology Partners of Houston, PLLC (RPH) is required by law to protect the privacy and security of your protected health information (PHI), provide this notice of our legal duties and privacy practices, and follow the privacy practices described in the notice currently in effect.

Rheumatology Partners of Houston, PLLC

129 Vision Park Blvd., Suite 206

Shenandoah, TX 77384

Phone: 281-315-8130

Fax: 281-315-8131 or 281-315-8132

Privacy contact: Lisa Williamson, MA, CMOM, CMPM, Rheumatology Practice Manager

You have the following rights regarding your health information. To exercise a right, contact our Privacy Contact using the information above.

Get a copy of your record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. This can be done by visiting our release of information service provider, HealthMark Group at <https://requestmanager.healthmark-group.com/register>.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee where prohibited.

Ask us to correct your record

You may ask us to amend information you believe is incorrect or incomplete. We may deny the request in certain circumstances, but we will provide a written explanation and information about your options.

Request confidential communications

You may ask us to contact you in a specific way or send communications to a different address. We will accommodate reasonable requests. Examples: *Alternate telephone number or address, email, asking us to refrain from leaving messages on answering machines or from mailing information to you.*

We will say “yes” to all reasonable requests. Example of unreasonable requests: Those that would be too difficult technologically or practically for the practice to accommodate.

Ask us to limit what we use or share

You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not required to agree to most requests. If you pay out of pocket in full for a service or item, you may ask us not to disclose information about that service or item to your health insurer for payment or health care operations, unless the law requires disclosure.

Get a list of certain disclosures

You may request an accounting of certain disclosures of your health information for the six years before your request. The accounting does not include all disclosures; for example, it generally excludes disclosures for treatment, payment, and health care operations and certain other exceptions.

Get a copy of this notice

You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

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Choose someone to act for you

If a person has legal authority to act for you, such as a legal guardian or a person with appropriate health care power of attorney, that person may exercise your rights subject to applicable law. We will verify their authority.

File a complaint

You may complain to RPH using the contact information above or to the U.S. Department of Health and Human Services, Office for Civil Rights. You may call 1-877-696-6775, write to 200 Independence Avenue, S.W., Washington, D.C. 20201, or visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. RPH will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your preferences about what we share. Where applicable, you may ask us to share information with a family member, close friend, or another person involved in your care or payment for care, or to share information in a disaster-relief situation. If you cannot express your preference, we may share information when permitted by law and when we believe it is in your best interest or necessary to lessen a serious and imminent threat.

We will obtain your written authorization when required by law before using or disclosing your information for marketing, selling your information, or other purposes requiring authorization. Most uses and disclosures of psychotherapy notes also require authorization. If you authorize a use or disclosure, you may revoke that authorization in writing, subject to actions already taken in reliance on it.

How we may use and disclose your information

Treat you

We may use and share your health information with physicians, nurses, other health professionals, pharmacies, laboratories, infusion providers, and others involved in your care.

Run our practice

We may use and share your information to operate RPH, coordinate care, manage appointments, review quality, train staff, conduct audits, and perform other health care operations permitted by law.

Bill for services

We may use and disclose information to bill and receive payment from health plans or other responsible parties. This may include diagnoses, procedures, medications, and other information needed to process claims, referrals, or authorizations.

Other permitted or required disclosures

We may disclose information when permitted or required by law, including for public health and safety, reporting certain abuse or neglect, health oversight, research under applicable safeguards, workers' compensation, law enforcement, court or administrative proceedings, organ and tissue donation, and to coroners, medical examiners, or funeral directors. We may also disclose information for certain government functions and to avert a serious and imminent threat when permitted by law.

People involved in your care

When appropriate and permitted by law, we may share relevant information with a family member, personal representative, or another person involved in your care or payment for your care. If you are able to express a preference, we will give you the opportunity to agree or object where required.

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Special protections for substance use disorder records

To the extent RPH receives or maintains substance use disorder patient records protected by 42 CFR Part 2, we will use and disclose those records only as permitted by applicable law. When RPH receives Part 2 records pursuant to a patient's consent for treatment, payment, or health care operations, RPH may use and redisclose those records as permitted by the HIPAA Privacy Rule. However, we will not use or disclose Part 2 records in any civil, criminal, administrative, or legislative investigation or proceeding against you without your written consent or a court order and subpoena, as required by law. Certain other uses and disclosures, including fundraising communications involving Part 2 information, may require additional notice, choice, or consent.

Our responsibilities

RPH is required by law to maintain the privacy and security of your protected health information, provide this notice, follow the notice currently in effect, and notify you following a breach of unsecured protected health information when required by law. We will not use or disclose your information other than as described in this notice unless you authorize us in writing or the law otherwise permits or requires the use or disclosure.

Changes to this notice

We may change the terms of this notice. Changes may apply to all health information we maintain, including information created or received before the change, as permitted by law. The current notice will be available in our office and upon request. If RPH maintains a website that provides information about our services, we will prominently post the current notice there.

For questions or complaints

Please contact the RPH Privacy Contact listed on page 1. You may also file a complaint with HHS Office for Civil Rights using the contact information in the "File a complaint" section. We will not retaliate against you.