ACADEMIC MEDICAL ASSOCIATES

Stephen Pratt, MD
La'Quisha Colby, MSN, APRN, FNP-C
(972) 445-9515
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HIPAA Notice of Privacy Practices

Academic Medical Associates, PLLC (AMA)

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.

Your Rights

- Request an electronic or paper copy of your medical record and other health information we maintain about you. Generally, we provide access or a copy within 30 days and may charge a permissible, reasonable, cost-based fee.
- Ask us to correct information that is inaccurate or incomplete. If we deny a request, we will explain why in writing, generally within 60 days.
- Request that we communicate with you in a particular way or at a different location. We will accommodate reasonable requests.
- Ask us to restrict certain uses or disclosures for treatment, payment or health care operations. We may decline most restriction requests. However, when you pay in full out of pocket for an item or service, we generally must honor a request not to disclose information about that item or service to a health plan for payment or operations, unless disclosure is required by law.
- Request an accounting of certain disclosures made during the prior six years. Certain disclosures, including many for treatment, payment or operations, are excluded. One accounting during a 12-month period is free; a reasonable fee may apply for additional requests.
- Request a paper copy of this notice even if you receive it electronically.
- Have an authorized personal representative act on your behalf, subject to verification of authority.
- File a privacy complaint with us or the U.S. Department of Health and Human Services without retaliation.

Your Choices

You may direct us to share information with family, friends or others involved in your care or payment. If you cannot communicate your preference, we may share information when permitted by law and in your best interest or to address serious threats to health or safety.

How We Normally Use and Disclose Information

Treatment: We may use information to care for you or share it with other providers involved in your treatment.
Payment: We may disclose relevant information to obtain reimbursement.
Health Care Operations: We may use and disclose information for quality improvement, care coordination, administration, compliance and management.

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Other Permitted or Required Uses and Disclosures

Subject to applicable conditions and more protective laws, we may use or disclose information for public health reporting, preventing or lessening serious threats, research, health oversight, legally required reporting, workers' compensation, certain law-enforcement or government functions, organ and tissue donation, and duties of coroners, medical examiners and funeral directors. We may respond to certain legal proceedings, court orders and subpoenas as allowed by law. We may disclose information to the U.S. Department of Health and Human Services to demonstrate compliance.

Some categories of information, including certain mental-health and substance-use-disorder records, may have additional protection under state or federal law. We follow the stricter applicable rule.

Our Responsibilities

We must safeguard the privacy and security of protected health information, provide this notice, and notify affected individuals following a breach of unsecured protected health information as required by law. We must follow the privacy practices described in the current notice. We may change the notice and apply changes to protected health information we already maintain. A revised notice will be available at our offices, on our website and on request.

Questions and Complaints

Contact our privacy official by phone at 972-445-9515 or email at info@amatxmed.com. You may also complain to the HHS Office for Civil Rights at www.hhs.gov/hipaa/filing-a-complaint or by calling 1-877-696-6775. We will not retaliate against you for filing a complaint.