

ATA AHMAD, M.D.
GENERAL SURGERY
11301 FALLBROOK DR. STE 204
HOUSTON, TX 77065

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.

This notice gives you information required by the privacy provisions of the Health Insurance Portability and Accountability act of 1996 and its implementing regulations (HIPPA Privacy Rules) about the duties and privacy practices of Ata Ahmad, M.D. to protect the privacy of your medical information that we maintain as an issuer of health care.

This Notice applies to the designated health care components of Ata Ahmad, M.D. that use and disclose your medical information to provide necessary medical care to you. We use the terms health and health care in this notice to refer to the medical care that we provide to you as a patient of Ata Ahmad, M.D.

THE EFFECTIVE DATE OF THIS NOTICE IS FEBRUARY 1, 2007. We are required to follow the terms of this Notice until we replace it. We reserve the right to change the terms of this Notice at any time. If we make changes to this Notice, we will revise it and send a new Notice to all persons to whom we are required to give the new Notice. We reserve the right to make the new changes apply to all your medical information maintained by us before and after the effective date of this Notice.

Purposes for which we May Use or Disclose Your Medical Information Without Your Consent or Authorization

We may use and disclose your medical information for the following purposes:

- Health Care Benefits for Insurance Purposes. For example we may disclose your medical information to your insurance company for the purposes of maintaining medical benefits or authorizations for medical procedures.
- Health Services. We may use your medical information to contact you to give you information about treatment alternatives or other health-related services that may be of interest to you. We may disclose your information to our business associates to assist us in these activities.
- As required by law. For example, we must allow the U.S. department of health and Human Services to audit our records. We may also disclose your medical information as authorized by and to the extent necessary to comply with worker's compensation or other necessary laws.
- To Business Associates. We may disclose your medical information to business associates we hire to assist us. Each of our business associates must agree in writing to ensure the continuing confidentiality and security of your medical information.

We may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to us to do this.
- To your personal representatives appointed to you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To advert a serious threat to your health or safety or the health or safety of others.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.

Use and Disclosures with your Permission

We will not use or disclose your medical information for any other purposes unless you give us your written authorization to do so. If you give us written authorization to use or disclose your medical information for a purpose that is not described in this Notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information we maintain, unless we have taken action in reliance to your authorization.

Potential Impact of State Law

In some situations, the HIPAA Privacy Rules do not preempt (or take precedence over) state privacy laws that give you greater privacy protections. As a result, the privacy laws of a particular state might impose a privacy standard under which we will be required to operate (for example, a state privacy law relating to disclosures of medical information of minors).

Your Rights

You may make a written request to us to do one or more of the following concerning your medical information that we maintain:

- To put additional restrictions on our use and disclosure of your medical information. We do not have to agree to your request.
- To request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.
- To see and get copies of your medical information. In limited cases, we do not have to agree to your request.
- To correct your medical information.
- To receive a list of disclosures of your medical information that we and our business associates made for certain purposes for the last 6 years.
- To send you a paper copy of this Notice.

If you want to exercise any of these rights described in this Notice, please contact our office. We will give you the necessary information and forms for you to complete and return to our office. In some cases we may charge you a nominal based fee to carry out your request.

Medical Records Fee

HIPAA permits us to charge a reasonable cost based fee. We do not charge a fee for records copied and sent directly to another physician. In the event records are to be copied for any other purpose we can charge a flat fee of \$35.00 for pages 1-20 and 15 cents per page after the initial 20 pages.

Complaints

If you believe we have violated your privacy rights, you have the right to file a complaint to us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us at our office. We will not retaliate against you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office

To request additional copies of this Notice or to receive more information about our privacy practices and your rights, please contact us at the following:

Ata Ahmad, M.D
11301 Fallbrook Drive
Suite 204
Houston, TX 77065
Telephone: 281-970-8484