

Tepeyac Family Center LLC. dba, Tepeyac OB/GYN
4001 Fair Ridge Dr. Suite 304, Fairfax, VA 22033
Phone: 703-273-9440 • Fax: 703-273-9445
www.tepeyacobgyn.com • tfc.portalforpatients.com

Receipt of Notice of Privacy Practices Written Acknowledgement Form

I have received and reviewed a copy of Tepeyac Family Center, LLC's Notice of Privacy Practices either online at the sites listed above or by receiving a copy at Tepeyac's office. The notice provides information about the use and disclosures of my protected health information by Tepeyac, my individual rights, and the practice's duties with respect to my protected health information.

I understand that Tepeyac reserves the right to change the terms of its Notice of Privacy Practices and to make new versions effective for all protected health information it maintains, and that I can obtain Tepeyac's current Notice of Privacy Practices on request from Tepeyac and on the website(s).

Patient's Name: _____ Date of Birth: _____

Signature: _____ Date Signed: _____

Please print name of person signing if other than patient and relationship to patient:

FOR OFFICE USE ONLY

PATIENT ACCOUNT # _____

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy Practices from this patient, but it could not be obtained because:

Patient refused to sign ____

Due to an emergency situation ____

Unable to communicate with the patient ____

Other (provide specific details)

Employee Name/Signature _____

Date _____



Tepeyac OB/GYN

Something More Than Medicine™

www.tepeyacobgyn.com

Patient portal: tfc.portalforpatients.com

(703) 273-9440

4001 Fair Ridge Dr. Ste. 304

Fairfax, VA 22033

info@tepeyacobgyn.com

*The following 4-page Privacy Notice is for your information only
and you do not need to bring it with you to your appointment.*

Please complete, sign, and bring with you the **Receipt of Notice of Privacy Practices Written Acknowledgement** form found on the preceding page.

Privacy Notice

Notice of Patient Privacy Practices

For Tepeyac OB/GYN. Effective August 1, 2014

4001 Fair Ridge Drive Suite 304, Fairfax, VA 22033

Phone: (703) 273-9440 Fax: (703) 934-9445

www.tepeyacobgyn.com • info@tepeyacobgyn.com

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.

Safeguarding your privacy health information under the Health Insurance Portability and Accessibility Act (HIPAA), as amended, the HIPAA Privacy and Security Regulations, and other federal and state laws is very important to us. We keep your health and financial information private, as required by law, and our rules. This notice explains your rights, our legal duties and privacy practices. We are required by law to give you this notice and to follow the duties and practices described in it. We will let you know promptly if a breach occurs that may compromise the privacy or security of your information. We will not use or share your information other than as described here, in which case you need to let us know of the change in writing to stop our future disclosures of your health information. Information disclosed before you have revoked your authorization will not be returned and any actions that we have already taken based on prior authorization will not be affected.

Please review this notice carefully and sign the acknowledgment form.

You may contact us to address any concerns or questions about the privacy of your health information or financial information provided to us. If you believe your privacy has been violated, you may contact us to discuss your concerns or to file a complaint. Please contact the Privacy Officer, Tepeyac OB/GYN, attn. Lynda Rozell at telephone number 703-273-9440, www.tepeyacobgyn.com, or 4001 Fair Ridge Drive, Fairfax, VA 22033. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint or voicing a privacy concern.

We may change this notice at any time. Changes will apply to the protected health information we already have about you and any protected health information about you we obtain in the future. We must tell you about any changes to our privacy notice and follow the notice in effect. We may tell you about changes by posting the revised privacy notice on our websites, posting a summary in the waiting room at our practice, and making copies available upon your request.

Your Protected Health Information

Your protected health information (sometimes abbreviated "PHI") as information that identifies you or can be used to identify you; that either comes from you or has been created or received by a healthcare provider, a healthcare plan, your employer, or a healthcare clearinghouse; and has to do with your physical or mental health or condition, providing healthcare to you, or paying for providing healthcare to you.

How We Collect Other Information About You: Tepeyac OB/GYN (Tepeyac) and its employees collect data through a variety of means including but not necessarily limited to letters, phone calls, emails,

voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in writing accepted by us.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application for care or to provide you with health or counseling services which may require communication between Tepeyac and healthcare providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to; or to obtain payment for services or products, as well as any other use permitted by law.

Your protected health information may be collected, used, and shared without your written authorization:

To treat you and care for you, including consulting with other medical professionals who are treating you and contacting you for appointment reminders;

To run Tepeyac, including improving your care through quality assessment and review, training, business planning, customer service, grievance resolution, credentialing and medical review and other general administrative activities;

To obtain payment from you, your insurance company or anyone else responsible for payment for the services we provide to you.

Under specified conditions, we may use and share some of your protected health information in other ways without your written authorization:

For public health, abuse or neglect, and health oversight, such as alerting a person who may be at risk for contracting or spreading a disease, reporting suspected abuse, neglect, or domestic violence, and preventing a serious and imminent threat to anyone's health or safety;

For law compliance, to law enforcement as required by law, for worker's compensation claims, to health oversight agencies for activities authorized by law, and for special government functions authorized by law such as to public assistance personnel or for national security personnel or for national security purposes;

For assisting a medical examiner or funeral director, when necessary to identify a deceased individual or determine cause of death;

For response to organ and tissue donation requests;

For judicial and administrative proceedings, in response to a court or administrative order or subpoena;

For certain health research, provided other precautions have been taken to protect your information;

With family and friends if the information is directly relevant to their involvement in your healthcare or their payment for your healthcare, **unless you tell us otherwise in writing;**

In an emergency where you cannot be contacted or respond, we may disclose your protected health information to a family member, friend, or other person if sharing it is in your best interest in your doctor's professional judgement;

For any other reason where a disclosure is required by law.

Fundraising Communications: We may use limited protected health information to contact you, either directly or via Divine Mercy Care, to raise funds for Tepeyac, **unless you choose to "opt out" by telling us not to contact you for fundraising.** You can opt out on the Fundraising Opt-Out form linked below or at any time you receive a fundraising communication. If you opt out, you may opt back in by notifying us in writing that you would like to receive future fundraising communications.

Uses and Disclosures Requiring Us to Receive Your Prior Written Authorization: The Privacy Rule requires that we tell you that the following uses and disclosures of your PHI will be made **only with your prior written authorization** and that you may revoke that authorization: nearly all uses and disclosures of psychotherapy notes (currently not recorded by Tepeyac providers, so not applicable at this time); uses and disclosures for marketing purposes (we currently do not intend to make any); disclosures that would constitute a sale of PHI (we currently have no plans for any); and other uses or disclosures not described in this Notice. If we did not describe a use or disclosure to you in this Notice, and that use or disclosure is not otherwise required under HIPAA or applicable state law, we will first ask you to complete a written authorization. The authorization will: describe in detail your protected health information it covers; identify to whom it will be released and how it will be used; describe when it will be used or released; and state the expiration date that applies to your authorization.

Your Individual Rights Regarding Your Health Information:

You may tell us in writing that we can give your protected health information to someone else for any reason. Please use our authorization form.

If you have given medical power of attorney to someone or you have a legal guardian, that person can exercise your rights and make choices about your healthcare information. We will make sure the person has this authority and can act for you before we take any action.

You may specify your preferred method of communication to you using means that are reasonable.

You may ask us to send you personal information to an address other than your home if sending it to your home could place you in danger.

We must give you access to your own protected health information. You have a right to see or get a copy of your protected health information and to ask that we correct it if you believe it is missing something or is incorrect. We will provide a copy or summary of your health information within 15 days of your request. We may charge a reasonable fee for medical records.

You may send us a written request to ask us not to use your protected health information for treatment, payment, or healthcare operations activities. We are not required to agree to these requests, and may refuse a request that we believe would affect your care.

If you pay for a service in full out-of-pocket, you can ask us not to share information about that service for purposes of payment or our operations with your health insurer. We will agree unless a law requires us to share that information.

You may send us a written request for a list (“accounting”) of certain disclosures we made of your protected health information other than disclosures about treatment, payment, and healthcare operations, and disclosures you asked us to make. We will provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another within twelve months.

You have a right to receive a new copy of this Notice of Privacy Practices at any time. Even if you agree to get this notice by electronic means, you still have the right to a paper copy.

MERCY Program: We offer a sliding scale financial assistance MERCY program that can provide self pay patients with a discount of 40 to 100 percent based on household size, assets, income, and the availability of funding. Please contact our Billing Department for more information. If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors except for one hit counter on the main index page (www.tfc.portalforpatients.com) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture about other sites you visited simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank-you notes sent to us become the exclusive property of Tepeyac. We reserve the right to use non-identifying information about our patients (those who receive services or goods from or through us) for fundraising purposes that are directly related to our mission. Patients sending us these materials will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client’s express advance permission.

You may specifically request that NO information be used whatsoever for fundraising purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.