



North Texas Thermography

215 East University Drive, Denton TX 76209

Johanna@NtThermography.com

www.NtThermography.com

Phone: (940) 536-3756

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how health information about you (as a patient/client of this practice) may be used and disclosed, and how you can get access to your individually identifiable health information. Please review this notice carefully and acknowledge this at the bottom of the notice.

1. **Our Commitment to Your Privacy**

Our practice is dedicated to maintaining the privacy of your individually identifiable patient health information (PHI). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future.

2. **If you have any questions about this notice, please contact:**

HIPAA Compliance Officer

215 East University Drive, Denton TX 76209

3. **The following categories describe the different ways in which we may use and disclose your PHI:**

1. Treatment. The people who work for our practice may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we typically disclose your PHI to other health care providers such as your physician for purposes related to your treatment.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us.

3. Health Care Operations. Our practice may use and disclose your PHI to operate our business.

4. Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you.

5. Disclosures Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

4. **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the PHI that we maintain about you:

1. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends.



North Texas Thermography

215 East University Drive, Denton TX 76209

Johanna@NtThermography.com

www.NtThermography.com

Phone: (940) 536-3756

2. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes.

3. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice.

4. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented.

6. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our HIPAA Compliance Officer at the address listed above.

Acknowledged:

Name:

Signature:

Date:
