

This document is being sent to you as required by the Texas State Medical Board in regard to physician-patient electronic mail communications.

International Health Services

7500 W. Camp Wisdom Rd

Dallas, TX 75236

Telephone 972-708-7408

Facsimile 972-708-7392

Office Hours (and hours that email will be checked) United States Central Time Zone

Monday-Friday 8:30 AM-12 noon. Monday-Thursday 1:30PM-4:30PM

Clinic is closed on United States Official Holidays.

Email communications may take up to two business days to be read after arriving in the inbox. Emails should not be used for emergency purposes. If you have an emergency, contact your local emergency network.

Prior to responding to your email request we need to have a response from you that you agree to our electronic mail policies and our Privacy Practices. You should read the following International Health Service electronic mail policy and the clinic's Notice of Privacy Practices. You must reply to this email with the following statement, inserting your name in the appropriate space. This entire email needs to be a part of your reply. A copy of this reply will be filed in the clinic chart.

"I have read the electronic communication policy and the Notice of Privacy Practices for the International Health Services. I agree to them.

\_\_\_\_\_ (name of the individual) \_\_\_\_\_ date

International Health Services electronic communications policy

All electronic mail communication (email) involving physician-patient communications must be done on a secure encrypted network to insure privacy of the communication in regard to patient identifiable information (Protected Health Information).

Clinic personnel who have access to physician-patient protected health information will follow the usual privacy and security guidelines of the clinic.

A patient must be informed who among the clinic staff will process the email communication.

Protected health information will only be forwarded to parties outside of our clinic when patient permission has been granted.

Electronic mail communications will be stored as a part of the patient's medical record at the International Health Services and will be kept in a secure environment. Only authorized employees have access to these records.

The following types of patient-physician communication are allowed.

- a) Medical History and Physical examination reports, clinic visit notes, test reports, immunization records and other health information
- b) Follow up reports of laboratory tests with instructions and plans involving any abnormal test values.

- c) Requests for follow up appointments and follow up treatments, referral doctors or additional tests recommended.
- d) Responses to questions asked by the patient in regard to diseases in general.
- e) Questions from the patient and instructions from the physician or designate as to appropriate action plans regarding patient symptoms which may involve the patient traveling to a place where medical care can be provided face to face.

Prescription refill requests should be done through appropriate channels such as phoning the pharmacy for refill requests.

Oversight of this email policy and other clinic policy occurs as a normal part of the International Health business practices.

Prior to responding to an email from a patient, the physician or physician designate must send communication to the patient with the following information and require an electronic response agreeing to these provisions:

- a) Notice of privacy practices
- b) Hours the clinic is open
- c) Hours that email will be checked (availability)
- d) Alternative forms of communication with the physicians and clinic such as fax number, telephone number, and written address.
- e) Avoidance of email for emergency communication
- f) Types of transactions that will be permitted electronically
- g) That a copy of the communication will be stored in the patients clinic chart
- h) That we refuse to transmit protected health information over a non-secure network.

International Health Services  
7500 W. Camp Wisdom Rd  
Dallas, TX 75236  
Phone: 972-708-7408

#### NOTICE OF PRIVACY PRACTICES

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 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.

#### A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the

privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI 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. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE. PLEASE CONTACT:**

Privacy Officer, International Health Services, 7500 W. Camp Wisdom Rd. Dallas, TX 75236  
Phone: 972-708-7408

**C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your IIHI.

1. **Treatment.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice - including, but not limited to, our doctors and nurses - may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us or to conduct cost-

management and business activities for our practice, We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment.
5. Treatment Options. Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
6. Health-Related Benefits and Services. Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
7. Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
8. Disclosures Required By Law. Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.
9. Disclosure of Immunization Information to Schools. Our practice will disclose proof of immunization to a school where State or other law requires the school to have such information prior to admitting the student. Written authorization is not required to permit this disclosure.

#### D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury or disability
  - Notifying a person regarding potential exposure to a communicable disease
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a product or device they may be using has been recalled
  - Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. Health Oversight Activities. Our practice may disclose your IIHI to a health oversight agency for activities authorized by law Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. Lawsuits and Similar Proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, are involved in a lawsuit or similar proceeding. We also may disclose your

IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. Access to a deceased's PHI can be provided to family members and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any prior express preference of the individual that is known to us.

6. Organ and Tissue Donation. Our practice may release IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to an) other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Workers' Compensation. Our practice may release your IIHI for workers' compensation and similar programs.

## E. YOUR RIGHTS REGARDING YOUR IIHI

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

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer, International Health Services, 7500 W. Camp Wisdom Rd. Dallas, TX 75236. (phone 972-708-7408), specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to the Privacy Officer, International Health Services. 7500 W. Camp Wisdom Rd. Dallas, TX 75236 (phone 972-708-7408). Your request must describe in a clear and concise fashion:
  - (a) the information you wish restricted;
  - (b) whether you are requesting to limit our practice's use, disclosure or both; and
  - (c) to whom you want the limits to apply.
3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer, International Health Services, 7500 W. Camp Wisdom Rd, Dallas, TX 75236 (phone 972-708-7408) in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. 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. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, International Health Services, 7500 W. Camp Wisdom Rd, Dallas, TX 75236 (phone 972-708-7408). You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information

5. 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 IHI for non-treatment, non-payment or non-operations purposes. Use of your IHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer, International Health Services, 7500 W. Camp Wisdom Rd, Dallas, TX 75236 (phone 972-708-7408). All requests for an "accounting of disclosures" must state a time period, which may not be longer than (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Officer, International Health Services, 7500 W. Camp Wisdom Rd, Dallas TX 75236 (phone 972-708-7408).

7. 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. To file a complaint with our practice, contact the Privacy Officer, International Health Services, 7500 W. Camp Wisdom Rd, Dallas, TX 75236 (phone 072-708-7408). All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

#### 9. Other Rights

Your authorization is needed prior to the release of any psychotherapy notes.

Your authorization is needed prior to the release of your PHI for marketing purposes or for any sale of PHI.

You have a right to opt out of fundraising communications.

You have a right to restrict disclosures of PHI to a health plan where the individual pays "out of pocket" in full for the healthcare item or service.

You have a right to be notified following a breach of unsecured PHI.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Officer, International Health Services, 7500 W. Camp Wisdom Rd, Dallas, TX 75236. Phone 972-708-7408

Revision 7-23-2013, 8-15-2017