

STANLEY H. STEIN, M.D., P.A.

NOTICE OF PRIVACY PRACTICES

This Notice describes how information about you may be used and disclosed and how you can get access to this information as stipulated by the Health Insurance Portability & Accountability Act of 1996 (HIPAA). Please review this information carefully. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose this information.

Without specific written authorization we are permitted to use and disclose your health records for the purposes of treatment, payment and healthcare operations:

Treatment means providing, coordinating or managing health care and related services by one or more health care providers involved in the coordination and continuation of your care.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review.

Health Care Operations include the business aspects of running our practice such as using patient information for in-house training or quality assessment audits.

Unless you request otherwise, we may use or disclose health information to a family member, friend, or other personal representative to the extent necessary to help with your healthcare or with payment of your healthcare. In addition, we may use your confidential information to remind you of appointments by sending reminder notices and/or leaving messages at home/or work. Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization at any time in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regard to your protected health information which you can exercise by presenting a written request to our Privacy Officers at the practice address listed below:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree, we must abide by it unless you agree in writing to remove it.

The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.

The right to access, inspect and copy your protected health information.

The right to request an amendment to your protected health information.

The right to receive an accounting of disclosures of protected health information outside of treatment, payment and healthcare operations.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We will also, upon request, offer you a copy of our Privacy Practice Notice.

This notice is effective as of April 14, 2003 and we are required to abide by its terms. We reserve the right to change the terms of our Notice of Privacy Practices and to make new notice provisions effective for all protected health information that we maintain. Any revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the revised notice.

There are some services provided to our organization through contacts with Business Associates such as laboratory services, physician services in hospital radiology, laboratory, emergency and in-patient departments, and insurance processing services provided by our medical management software provider. To protect your health information, however, we require our Business Associates to appropriately safeguard your personal, protected information.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services Office of Civil Rights, in the event that you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, contact:

Privacy Officer: Marsha Stein
Office Name: Stanley H. Stein, M.D., P.A.
Address: 17510 W. Grand Pky. S., Ste 350
City, State, Zip: Sugar Land, Texas 77479
Phone: (281) 762-6300

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(877) 696-6775 (toll free) rev 04/07