

A. Y. SHUKLA, M. D., P. A.

NOTICE OF PRIVACY PRACITCES

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. A. Y. Shukla, M. D., P. A. is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - A. For treatment – consultation, lab work, x-ray, etc.
 - B. For payment – claim filing, collection of payment due, etc.
 - C. For health care operations – chart maintenance, regulatory requirements, accounting, HIPAA compliance activities, etc.

2. A. Y. Shukla, M. D., P. A. is permitted or required, under specific Circumstances, to use or disclose protected health information without the individual’s written authorization. Other uses and disclosures will be made only with the individual’s written authorization, and the individual may revoke such authorization.

3. A. Y. Shukla, M. D., P. A. may engage in the following activities:
 - A. A. Y. Shukla, M. D., P. A. may contact the individual to provide appointment reminders or information about treatment alternatives or other health – related benefits and services that may be of interest to the individual or patient.

4. The individual had the following rights regarding protected health information:
 - A. The right to request restrictions on certain uses and disclosures of protected health information. A. Y. Shukla, M. D., P. A. is not required to agree to a requested restriction, however.
 - B. The right to receive confidential communications of protected health information, as applicable.
 - C. The right to inspect and copy protected health information, as provided in the privacy regulation.
 - D. The right to amend protected health information, as provided in the privacy regulation.
 - E. The right to receive an accounting of disclosures of protected health information.
 - F. The right to obtain a paper copy of the notice from the covered entity upon request. This right extends to an individual who has agreed to receive the notice electronically.

5. A. Y. Shukla, M. D., P. A. is required by law to maintain the privacy of Protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

Continue on back

6. A. Y. Shukla, M. D., P. A. is required to abide by the terms of the notice
Currently in effect.
7. A. Y. Shukla, M. D., P. A. is required to abide by the terms of this notice.
The new notice provisions will be effective for all protected health information that it maintains.
8. A. Y. Shukla, M. D., P. A. will provide individuals or patients with a revised
Notice as requested.
9. Individuals may complain to A. Y. Shukla, M. D., P. A. and to the Secretary of
The Department of Health and Human Services, without fear of retaliation by the organization, if
they believe their privacy rights have been violated. Complains may be submitted in writing to
1601 Main Street, Suite 201, Richmond, TX 77469
10. A. Y. Shukla, M. D., P. A.'s contact person for matters relating to complaints
is:
 - A. Front desk or medical assistant personnel
 - B. 281-341-1500
 - C. 1601 Main Street, Suite 201 Richmond, TX 77469
11. This notice is first in effect on April 14, 2003.
12. A. Y. Shukla, M. D., P. A. elects to limit the uses or disclosures that it is
permitted to make by law.

I hereby acknowledge that I have received a copy of A. Y. Shukla, M. D., P. A.'s
Notice of Privacy Practices.

Individual's Name

Date: _____