

PENELOPE J. HOOKS M.D.
NOTICE OF PRIVACY PRACTICES

- 1. THESE NOTICES DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THEY ALSO OUTLINE OUR PRIVACY POLICIES AND PROCEDURES. PLEASE REVIEW CAREFULLY.**

- 2. How we may use and disclose your health information:** We use your health information for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax or other methods. We may use or disclose your health information without your authorization for several reasons. If you sign an authorization to disclose information, you can later revoke it to prevent future disclosures.

- 3. Your rights:** In most cases, you have the right to look at or obtain a copy of the health records we use to make decisions about you. You may request that we limit disclosure to family members, other relatives, caregivers, or close personal friends who may or may not be involved in your care. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures we make. If you believe your health information is incorrect or information is missing, you have the right to request we correct existing information or add missing information.

- 4. Our legal duty:** We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices described in this notice, and seek your acknowledgement of the receipt of this notice. We may change our privacy policies any time. Before we make any significant change in our policies, we will prominently display a notice in our office. You also may request a copy of our notice at any time. For more information about our privacy policies, visit pjhooksmd.com.

- 5. Privacy Complaints.** Please contact us if you feel we may have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information. You also may send a written complaint to the U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Washington D.C. 20201 or, online at <http://www.hhs.gov>.

If you have any questions or complaints, please contact: Penelope J. Hooks M.D., 3311 Richmond Ave., #330 Houston, Texas 77098, 713-521-9087.

Acknowledgment of receipt of Notice of Privacy Practices: *Please sign and print your name and provide the date below to acknowledge your receipt of the Notice of Privacy Practices.*

Signature: _____

Printed Name: _____

Date: _____