

Electronic Disclosure of Protected Health Information

(REQUIRED TO BE POSTED IN YOUR OFFICE)

(LOCATION NAME)

As a course of doing business, our office may create, receive, maintain and (in some instances) disclose **Protected Health Information (PHI)** in electronic format. (Insurance Company, Pharmacy & Doctor-to-Doctor Correspondence)

All of our electronic disclosures are in accordance with the **Health Insurance Portability and Accountability Act to Omnibus Rule Federal Standard and Texas HB300 Standards. This posting is to satisfy Texas Health and Safety Code, section 181.154** (Notice and Authorization Required for Electronic Disclosure of Protected Health Information).

Our office will also secure a separate authorization form from you (the patient or patient's legal guardian), to authorize other transfers of patient **Protected Health information (PHI)**, as deemed necessary by you and as required by law.

If you believe that our office has violated the obligations described in this notice, you have the right to file a complaint with our **HIPAA Privacy Officer** via mail, email or phone:

HIPAA Privacy Officer's Name: _____

Our HIPAA Privacy Officer's email address: _____

Our ADDRESS: _____

Our Phone Number: _____

Effective Date: _____

THIS POSTER IS REQUIRED TO BE MADE VISIBLE BY ALL HEALTHCARE PROVIDERS IN TEXAS. PLEASE PLACE IT WHERE PATIENTS CAN VIEW IT AND ACCESS YOUR HIPAA PRIVACY OFFICER AND OFFICE CONTACT INFORMATION.