Spring Cleaning: Organizing Your Practice

Rules for Releasing Medical Records
To hackers, your patient data is more valuable (and easier to get) than the credit card numbers stored on a retailer's website.

TMLT’s Cyber Liability coverage is designed to protect your group and your patients if you experience a data breach or theft of medical data. We can also provide you with the tools and services to help prevent a cyber attack. Prevention and protection are all part of your TMLT coverage. Learn more at www.tmlt.org or call 800-580-8658.
Texas Liver Institute

Bringing Expert Liver Care to Austin

The Texas Liver Institute (TLI) is one of the largest diagnostic and treatment centers in the nation and is recognized worldwide as a leading clinical and research facility in the field of liver disease. TLI sets the standard of excellence in liver disease providing patients with cutting-edge therapies and renowned expertise by physicians known for research and teaching.

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Full Spectrum of Liver Disease Care

**Transplant Services**
Pre-Transplant Evaluations and Post-Transplant Management

**Transient Elastography**
Non-Invasive Measure of Liver Stiffness to Stage Liver Disease

**Paracentesis and Albumin Infusion**
Offered to Established Patients and as an Independent Service by Request

Meet Our Austin Doctors

![Carmen Landaverde, MD](image)
Director
Metabolic Liver Disease
Assistant Professor of Medicine
UT Health Science Center at San Antonio

![Jennifer Wells, MD](image)
Director
Regenerative Liver and Neoplasia
Assistant Professor of Medicine
UT Health Science Center at San Antonio

San Antonio Doctors
Eric Lawitz, MD  Fred Poordad, MD  Julio Gutierrez, MD

Texas Liver Institute
1111 W 34th St, Suite 210
Austin, Texas 78705

Phone: 512.454.8378
Fax: 512.454.8375

txliver.com
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Storage:
- When space is at a premium, TCMS can store your paper records in a secure off-site location
- Requests for patient records are fulfilled in a timely manner and delivered to the office upon request
- Electronic records storage using secure servers

Disposal/Shredding:
- On site containers delivered to your practice for disposal ease
- The TCMS Shredding Service will ensure your records are destroyed properly and professionally

Contact Tom Telles at
512-554-1818
ttelles@tcms.com
or visit www.tcms.com

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In Praise of the Physician Spouse

Robert K. Cowan, MD
2016 TCMS President

I think it’s worth stopping to consider the sacrifices that were made on our behalf.

Life is good. Julie and I celebrated our 25th wedding anniversary last summer. Our oldest son is an accountant in Houston and our twins will be graduating from college this spring. Both already have jobs waiting for them after graduation. When we were their age, I was just getting ready to leave for Galveston to extend my education (and social life) for another four years.

Our story is a typical one. Julie and I married in my fourth year of medical school. We both had student debt and our parents had limited resources to help us financially. Though we felt poor, we were not destitute; Julie had a job in Texas City. When I graduated, we moved to Fort Worth for residency and lived from paycheck to paycheck. I did some moonlighting at a city jail in a surrounding town and made enough to pay the rent. By this time we had three kids so yes, we were poor—but we felt rich.

When we first moved to Austin, finances were still tight. I had to take out a large loan to start my practice—talk about a leap of faith! After that things slowly began to improve. I remember us attending TCMS events where there were families and plenty of kids, and it seemed that most of us were in the same boat—not a lot of dinero, but rich in offspring! This was a special time for us—more so for Julie than for me. She was able to meet Alliance members and get involved in things other than watching The Lion King over and over on video. Julie became president of the Alliance in 2004—she was way ahead of me as usual. I owe a great debt of gratitude to the Travis County Medical Alliance for the kind and welcoming embrace that both Julie and I received.

Those early years were formative for a young couple. Our friendships grew and we fell into the comfort of a good marriage. It seems like an eternity has passed since those early days, but looking back, it was all worth it.

I tell you this story because I know how important Julie has been to my success as a physician. She worked when I didn’t have a job. She stayed home with the kids when we couldn’t afford daycare. She understood when we had to borrow baby furniture. She even proofread my residency application essays. The bottom line is I could not have done it without her. Many of you can probably relate to my story. The partners in my own group have experiences that are almost identical to mine.

You may think I am just talking about the wives. But I know many couples where there was a stay-at-home husband who sacrificed plenty so his wife could get through medical training and start her practice. Sometimes the husband had his own job, but was supportive of his spouse’s medical career.

I know that life takes all of us down different paths and that relationships don’t always stay intact. But for those whose experience is similar to mine, I think it’s worth stopping to consider the sacrifices that were made on our behalf. I, for one, believe those sacrifices in the lean years have made me a better doctor.

Despite what our patients may think, most of us lead very ordinary lives. We feel the same pressures and stresses in life that everyone else does. We face similar challenges in raising our kids. Our jobs can be stressful mainly because the outcomes and consequences are so profound. Our path to get where we are has been arduous. But as I sit here on Valentine’s Day writing this, I know that I could not have made it without my spouse.
You and your spouse/guest are cordially invited to the

**TCMS/TCMA Joint Installation of Officers**

recognizing

**Robert Cowan, MD**
2016 TCMS President

**Mrs. Berenice Craig**
2016-2017 TCMA President

Renaissance Austin Hotel
9721 Arboretum Blvd

**Tuesday**
**March 29, 2016**

6:30 pm - Reception
7:30 pm - Dinner

RSVP: tcms@tcms.com or 512-206-1249

This event sponsored in part by the following Friends of the Society: Medical Service Bureau; Merchants & Professional Credit Bureau Inc.; Texas Medical Association Insurance Trust; Texas Medical Liability Trust; SkylesBayne; Bell Wealth Management; ProAssurance and Texas Drug Card.
Pre-Exposure Prophylaxis (PrEP) to Prevent HIV in Austin/Travis County

Phil Huang, MD, MPH
Medical Director/Health Authority
Austin/Travis County Health and Human Services Dept.

PrEP means Pre-Exposure Prophylaxis and it’s an HIV prevention strategy where HIV-negative individuals take anti-HIV medications before coming into contact with HIV to reduce their risk of becoming infected. It is a single pill taken once daily that is highly effective against HIV when taken every day. The medication interferes with HIV’s ability to copy itself in the body after exposure, and thus prevents establishment of an infection.

In 2012 the CDC approved PrEP for the prevention of HIV transmission and since that time it has been approved and recommended by the World Health Organization, the International Society of Infectious Disease Organization and the Texas Department of State Health Services. The Austin/Travis County Health and Human Services Department also fully supports the use of daily oral PrEP as an important part of a comprehensive response to HIV.

PrEP Medicines
Most PrEP clinical trials have tested a combination of two antiretroviral drugs, tenofovir disoproxil fumarate (also called TDF or tenofovir) and emtricitabine (also called FTC), taken in a single pill daily for HIV prevention. This combination pill (brand name Truvada) was approved by the US Food and Drug Administration (FDA) for use as an HIV treatment in 2004 and was approved as PrEP in July 2012.

### Summary of Guidance for PrEP Use

<table>
<thead>
<tr>
<th>Detecting substantial risk of acquiring HIV infection:</th>
<th>Men Who Have Sex With Men</th>
<th>Heterosexual Women and Men</th>
<th>Injection Drug Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sexual partner with HIV</td>
<td></td>
<td></td>
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<tr>
<td>• Recent bacterial STD</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• High number of sex partners</td>
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</tr>
<tr>
<td>• History of inconsistent or no condom use</td>
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<tr>
<td>• Commercial sex work</td>
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<td></td>
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<tr>
<td>• Lives in high-prevalence area or network</td>
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<tr>
<th>Clinically eligible:</th>
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<tbody>
<tr>
<td>• Documented negative HIV test before prescribing PrEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• No signs/symptoms of acute HIV infection</td>
<td></td>
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<tr>
<td>• Normal renal function, no contraindicated medications</td>
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<td></td>
<td></td>
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<tr>
<td>• Documented hepatitis B virus infection and vaccination status</td>
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<tr>
<th>Prescription</th>
<th>Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90 day supply</th>
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<tr>
<th>Other services:</th>
<th>Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90 day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Follow-up visits at least every 3 months to provide:</td>
<td></td>
</tr>
<tr>
<td>• HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment</td>
<td></td>
</tr>
<tr>
<td>• At 3 months and every 6 months after, assess renal function</td>
<td></td>
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<tr>
<td>• Every 6 months test for bacterial STDs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>• Do oral/rectal STD testing</th>
<th>• Assess pregnancy intent</th>
<th>• Access to clean needles/ syringes and drug treatment services</th>
</tr>
</thead>
</table>

Research Supporting PrEP Use
PrEP has been shown in many studies and “real world” situations to reduce the risk of HIV infection by more than 90% among those who regularly take their medications. Information on the clinical trials for PrEp can be found at: http://1.usa.gov/1UBBe6l.

Guidelines for PrEP Use

PrEP is only for people who are at ongoing substantial risk of HIV infection. For people who need to prevent HIV after a single high-risk event of potential HIV exposure such as sex without a condom, needle-sharing injection drug use or sexual assault, there is another option called postexposure prophylaxis or PEP. PEP must begin within 72 hours of exposure.

Additional Info About PrEP
• When starting PrEP it takes at least seven days to reach high levels of protection against HIV.

• When stopping PrEP individuals should continue using PrEP for four weeks after the last significant exposure.
• PrEP does not protect against other sexually transmitted infections (STI) or pregnancy. It is not a cure for HIV.
• PrEP must only be prescribed as part of a comprehensive prevention strategy.
• People who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every three months.
• PrEP must only be prescribed to individuals confirmed to be HIV-negative immediately prior to initiating treatment. Test patients for HIV before initiating PrEP and at least every 3 months during use.

Local PrEP Activity
Austin and Travis County are very fortunate to have a dedicated group of volunteers that created the Austin PrEP Access Project in April 2015 (austinprepaccessproject.org). They opened their first clinic in May of 2015. The Austin PrEP Access Project is a volunteer organization currently funded by volunteer contributions. They have just obtained 501(c)(3) not-for-profit tax status. Cynthia Brinson, MD is the Medical Director for the Austin PrEP Access Project.

According to the CDC, Truvada, manufactured by Gilead Sciences Inc., costs about $10,000 a year. However, many insurance plans cover the drug and those who are uninsured can get Truvada for free through Gilead’s patient assistance program. Dr. Brinson reports that access to PrEP is available to almost all patients with little trouble for the physician if you learn how to access it correctly.

Dr. Brinson also notes that they have over 300 patients seeing their volunteer providers and accessing Truvada at no cost to them. They are also receiving safe sex counseling, regular testing for HIV and regular testing for STDs with treatment if necessary.

If you would like to donate money or volunteer your time or expertise, or if you would like to learn how to safely and appropriately prescribe PrEP, please contact Cynthia Brinson, MD at cbrinson@ctcrcorp.com to make arrangements.

Austin PrEP Access Project

Clinic Location:
The clinic is housed at Park St. David’s on 30th and Red River Street by Central Texas Clinical Research, a clinical trials company that has been doing HIV and other clinical trials since the 1990s.

Clinic Hours:
They currently have three after hours clinics a week:
• Tuesday evenings from 5:30-8 pm
• Wednesday evenings from 5:30-8pm
• Saturday mornings from 9 am-1pm
in the News

Welcome the Latest Addition to the Friends of the Society Program

The SkylesBayne Company is a locally owned and operated commercial real estate firm specializing in office, medical, industrial and retail tenant representation. Since June 2006, the company continues to connect Austin’s most exciting companies to space that inspires productivity.

Up front, the company spends time to understand client objectives. When working with the SkylesBayne Company, the job does not end when the lease is signed. They stay involved by:

• coordinating with space planners and architects in the design phase;
• managing communication with contractors during the bidding process;
• monitoring construction as it progresses during any interior redesign;
• organizing the move-in process and
• providing ongoing lease monitoring (notifying clients of key dates/events in their lease).

For more information, contact Russell Davis at 512-796-5273 or Russell@skylesbayne.com.

SAVE THE DATE

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Benefiting
Austin Speech Labs
Providing hope for stroke survivors
Honoring
Dr. Everett Heinze & Dr. Thomas Hill

May 3, 2016

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CDC recommendation:
Test everyone born from 1945-1965 for Hepatitis C

People born from 1945-1965 account for 3 out of every 4 people with Hepatitis C, and more are unaware of their infection.

- Testing only patients with elevated ALT’s may miss 50% of infection
- Hepatitis C is a leading cause of liver cancer and liver transplants
- Care and treatment can help prevent Hepatitis C-related disease and deaths
George Tipton, MD, TCMS past president and its oldest living member at the time of his death, peacefully passed away in his sleep on February 5. He was born in Troup, TX in 1913, but his family soon moved to Dallas where he attended Highland Park High School. He fondly recalled childhood family trips that included cross-country excursions in an open car “using tents and blankets for hotels” traveling through Colorado, the desert southwest and national parks almost exclusively on dirt roads until the pavement of Southern California was reached. He attended UT Austin and did his medical training at the UT Medical Branch at Galveston. Dr. Tipton was already an Army surgeon when the Japanese attacked Pearl Harbor. He and his beloved Olive Ann, who he had been pursuing for some time, eloped as he was called to serve in the war. Their marriage would span 60 years.

As a medical officer, Dr. Tipton participated in the first Allied invasion against the Germans in North Africa. He was in the medical tent when General George Patton famously slapped a private in Sicily for perceived malingering, an episode that almost ended the General’s career. In 1943, several months before the invasion at Normandy, the Allied army landed at Anzio Beachhead in Italy. In the weeks that followed Dr. Tipton and the 15th Evacuation Hospital “operated in a perilous position, caught between allied soldiers on the beachhead and the Germans in nearby hills... They performed difficult life-saving operations despite constant barrages of artillery, shell fragments and bombs,” according to Dr. Tipton’s son, TCMS member Dr. Buddy Tipton. For his valiant efforts in Italy Dr. Tipton was awarded seven combat campaign stars and the Bronze Star for meritorious action. He left the service with the rank of Lieutenant Colonel.

After the war, Dr. Tipton moved to Austin where he practiced medicine until his retirement in 1974. He practiced selflessly in an earlier era of medicine when most physicians treated the poor at no charge and took call for weeks on end giving little thought to the time and personal sacrifice this type of medical practice brought to them. Among his extensive and outstanding accomplishments was the creation of the Tissue Audit Committee Brackenridge in 1950. This introduced the groundbreaking concept of providing true peer review in a time when technical and ethical skills and characteristics of physicians varied greatly with little oversight. Dr. Tipton later recalled that introducing peer review and accountability was a highly controversial concept at the time and he received threats of physical violence, even one death threat, as his committee proceeded with its work in those early years. In 1952 he published what might be the first description of community peer review in action in the Bulletin of the American College of Surgeons.

He leaves behind a rich legacy of service to the early Austin medical community and those it served.

After his retirement, Dr. Tipton enjoyed 42 years of time with his family, traveling extensively, speaking with groups about his wartime adventures, living independently and still driving until the age of 100. He is survived by two children, six grandchildren and two great-grandchildren.
Dr. Simone Scumpia MD FACE FRCP FNLA

New patients seen within 3-5 days

Dr. Scumpia, medical director and founder of Austin Thyroid & Endocrinology, has served the needs of thyroid and endocrine patients in Austin for over 20 years. She is a Board Certified Endocrinologist, Fellow of the American College of Endocrinology and Fellow of the Royal College of Physicians of Canada. Her focus is the diagnosis and treatment of thyroid disorders, general hormone imbalances, pituitary, adrenal, osteoporosis, and diabetes.

The clinic has in-house thyroid ultrasound, bone densitometry, radioactive iodine uptakes and treatment, insulin pump and dietician.

Dr. Scumpia offers second-opinion consults on management of Graves’ disease and hyperthyroidism, thyroid nodules and thyroid cancer.

Call 512.467.2727 to schedule your patient with Dr. Scumpia

- New patients seen within 3-5 days
- All new patients are seen by Dr. Scumpia
- Emergency new patients seen the same day
- All commercial insurance plans accepted
- Tricare and Medicare accepted
- Direct line 512.873.7377 for your medical staff
- Doctor’s line for referring physician

Dr. Simone Scumpia, MD FACE FRCP FNLA
Austin Thyroid & Endocrinology
2200 Park Bend Drive, Building 3, Suite 300
Austin, TX 78758
512.467.2727 office
512.873.7576 fax

Thank you for entrusting your patients to Dr. Scumpia
Spring is the season of new beginnings—fresh buds bloom, animals awaken and the earth seems to come to life again. Inspiring isn’t it? Aren’t you just itching to refresh your waiting room, organize those supply cabinets and dispose of those unused plastic inbox trays?

The following are some basic “spring cleaning” steps to get your practice running smoothly and looking good.

The Power of First Impressions
As Will Rogers famously said, “You never get a second chance to make a first impression.” Put yourself in your patients’ shoes and walk into your office. Take a good look around. Are the plants healthy? Are the magazines from a previous decade? Sit in one of your waiting room chairs. Suppose you had to sit in that chair for 20 minutes—is it comfortable? Is it dirty? Look at the walls. Are they covered in out-of-date wallpaper or fingerprints? What about the floor—is the carpet in good shape? These are the things that your patients experience before they meet you—they are the first impression.

Speaking of before they meet you, is your receptionist friendly and polished? This person needs to greet your patients with a smile and clean hair. Enough said on that matter.

Another way to make your patients comfortable is to have some amenities in your waiting area. Consider a coffee and water station and providing Wi-Fi in your waiting room. Studies have shown that the time spent in the waiting room can impact whether a patient is fully satisfied with your medical service.

Examine the Exam Rooms
There is something unsettling about torn vinyl on an exam table. It doesn't matter if the roll of white paper ultimately covers it up. Replace the torn naugahyde. It speaks volumes. Sit in the chair or on the exam table. Look at what’s on the walls in these rooms. Many
patients are scared, worried or just plain feeling sick. The skinless human anatomy charts so often on the walls of doctors’ exam rooms are not comforting. Instead, consider a soothing paint color combined with less clinical artwork.

Your patients wait for you in these rooms, sometimes for quite a while. They will have time to notice baseboards, corners, dusty blinds and window sills. Make sure your rooms are spotless.

Life Behind the Sliding Glass Window
Let’s look at the non-public areas of your practice. Productivity is directly impacted by the systems you have in place. From office supply storage to computer files, determining where every item belongs will reduce time spent searching—not to mention easing the frustration factor.

Label drawers and cabinets so that it is clear at a glance what they contain. Things that are used frequently should be easily accessible, but still have a designated location. This will keep surfaces organized and avoid stacks from forming. Frequently used forms should be in a top drawer or in a rack on the wall.

Are cabinets of old patient files crowding your space? Move them out. TCMS Document and Data Services will store the files securely and offers discounted rates to members. Part of their services includes quick retrieval and delivery of files as needed. If you need to dispose of files, the service will properly destroy records. Be confident that TCMS staff are trained to follow HIPAA guidelines to provide these services.

Everyone has their own ideas about electronic file organization, but in order to be well organized you need to decide on one file storage system. Whether you determine how it works or your practice manager does, it must have full staff buy-in to be effective and must be enforced. Problems locating an electronic file when a staff member is on vacation should not be an issue if files are saved according to the system in place. There are many software companies that offer medical practice management programs. Some are EHR integrated, but stand-alone programs can also offer a variety of facets such as billing and scheduling. Many are designed for both small and large practices.

Conduct a self-audit of your practice. You should evaluate the standards and procedures in place to prevent and reduce improper conduct. According to the Office of the Inspector General (OIG), there are seven components to an effective compliance program:
1. Designate a compliance officer or compliance contact.
2. Implement compliance and practice standards.
3. Conduct internal monitoring and auditing.
4. Conduct appropriate training and education.
5. Respond appropriately to detected offenses and develop corrective action.
6. Develop open lines of communication with employees.
7. Enforce disciplinary standards through well-publicized guidelines.

Details of these steps can be found at http://1.usa.gov/1TEMSOI.
A self-audit toolkit can be found at http://go.cms.gov/21WnZz8.

There’s an old saying, “You can’t really understand another person’s experience until you’ve walked a mile in their shoes.” Think about your patients, your employees and yourself—and how much better of office experiences will be with new standards and systems in place.

For practice management assistance, contact Senior Director of Physician Services and Community Relations Stephanie Triggs at striggs@tcms.com or 512-206-1124.

Cut the Clutter
Is your office storage space like a scene from the TV show “Hoarders”? Even if it’s not that bad, storage will always be an issue for the medical profession. As patients come and go—their records must stay, at least for a defined time. Professional help is the answer to stay organized and HIPAA compliant.

Search no further for help: TCMS Document and Data Services offers storage, record retrieval and disposal options for your boxed or computer files at discounted prices.

For more information, contact Tom Telles at ttelles@tcms.com or 512-554-1818.
Leadership Teams for Dell Medical School Taking Shape

The team of leaders who will steer the inaugural departments and institutes of the Dell Medical School are close to completion. Chair of Psychiatry Stephen Strakowski, MD and Chair of Neurology David Paydarfar, MD are the latest additions to the departmental leadership, which also includes Drs. Steven Abrams, Kevin Bozic, Sue Cox, William Tierney and Amy Young. (Meet the whole team at dellmedschool.utexas.edu/team).

A chair of internal medicine and a director for the LIVESTRONG Cancer Institutes—one of three inaugural institutes affiliated with the school—are yet to be recruited. The Dell Medical School’s first students begin classes in July.

Stephen Strakowski, MD

Dr. Strakowski is an accomplished psychiatrist and a leader in health strategy and transformation. He most recently served as professor of psychiatry and behavioral neuroscience, psychology and biomedical engineering at the University of Cincinnati and as senior vice president of Strategy and Transformation in UC Health, the system associated with the university.

“The Dell Medical School’s vision to be a different kind of medical school, focused on training future leaders and finding innovative solutions to health care needs and delivery, positions it perfectly to approach psychiatry differently,” he said. “The strong support that Austin and Central Texas are providing to Dell Med signals the critical community participation necessary to create meaningful and sustainable changes in mental health care delivery. Austin’s reputation for being a leader in innovation – and its acceptance of psychiatric hospitals located in the very heart of the city – speak to an enlightened community that understands mental illnesses strike evenly across all ethnic, racial, cultural and socioeconomic boundaries. It is everyone’s concern.”

David Paydarfar, MD

Dr. Paydarfar is a leading innovator with a unique background in physics and neurology. He most recently served as professor and executive vice chair of Neurology at the University of Massachusetts Medical School and as an associate faculty member of the Wyss Institute for Biologically Inspired Engineering at Harvard University.

As chair of Neurology, Paydarfar said he is committed to solving critical challenges facing neurology today. These challenges include improving access to neurological care – especially for patients with disabilities, the elderly and those needing emergency services. Also challenging is developing new ways for doctors to anticipate and manage disease.

“I envision a neurology care platform that serves as a powerful interface between community-based physicians and university-based neurological specialists,” Paydarfar said. “Advanced telementrology network systems will be used to triage, manage and monitor patients in new ways that greatly increase collaboration among physicians and other clinicians. In this, the Neurology Department will contribute to an integrated system with greater value and convenience, lower cost and improved access to neurological care.”

The University of Texas at Austin Dell Medical School
And don’t assume that spider veins, varicose veins, leg pain or ulcerated skin conditions are a minor problem. There’s no shortage of vein clinics in town, but many doctors recommend Austin-based VeinSolutions, a division of one of the most respected cardiac and vascular surgical groups in the country (CTVS). The board certified Cardiothoracic and Vascular surgeons at VeinSolutions start by diagnosing the problem, then follow an inside-out treatment approach, always using the most advanced technology available. And because unhealthy veins are a real medical issue and not just a cosmetic problem, treatment through VeinSolutions is covered by most insurance carriers, and is in network.

Learn more by calling 512-452-8346 or go to VeinSolutionsAustin.com
The members of the TCMA have been very active the past few months with a few notable highlights:

**Membership Eligibility Change**
An amendment to the Alliance Bylaws regarding membership eligibility was recently recommended by the Executive Board so as to align itself with the current eligibility at the TMAA and AMAA levels. The proposal was voted on and approved at the January general meeting. Per the new Bylaws, membership is now open to “A member of a physician or medical student couple at least one of whom is TMA-eligible.” The TCMA is very excited to implement this improvement and offer a broader range of opportunities for membership within the medical family community.

**Community Service**
Other activities of note include the creation of the TCMA “Kids Care Club,” a subset under our Community Service umbrella, that now offers fun and unique opportunities for the younger members of our medical families. Most recently, the group got together to use their artistic skills on behalf of BookSpring and the “Hats Off to Reading” Read Across America Program. The kids made Dr. Seuss posters to decorate local Austin elementary school libraries supporting literacy for children. They also held a book drive and made a donation to the BookSpring program.

**Mark Your Calendars**
- **Mar 23**: Book Review of *Lila* by Marilynne Robinson; Hostess: Evelyn Hootkins/Reviewer: Kay McHorse
- **April 19**: General Meeting at the home of Heather and Randy Fagin (details will be posted at tcmalliance.org)
- **April 22**: Kids Care Club - TCMS Auto Show Bake Sale! (For information on how to get involved email larisalee1968@aol.com)
- **April 27**: Book Review of *The Guernsey Literary and Potato Pie Society* by Annie Barrows and Mary Ann Shaffer; Hostess: TBD/Reviewer: Kathy Trizna
- **May 20**: VHC Backpack Stuffing event (contact Tammy Moghadam at TJMoghadam@yahoo.com for information.)
- **May 25**: Book Review (TBD)

**Member Spotlight**

Wendy Propst joined the TCMA two and a half years ago. At that time, she and her husband Tony, their four children and their furry Portuguese Water Dog had just moved to Austin from the Washington, DC area after Tony’s retirement from the US Air Force. In Austin, Tony would continue his career as a reproductive endocrinologist, now at Texas Fertility Center. Wendy grew up in San Marcos where she graduated from Texas State University with a Bachelor’s Degree in respiratory care. She worked as a respiratory therapist and then as a pharmaceutical sales representative until she stopped working outside of the home to support her husband’s military career and take care of their children, twin boys and twin girls now 10 and 16 years old respectively. Wendy enjoys volunteering at the children's schools, serving as the Membership Chair for her boys’ Cub Scout Pack and volunteering within TCMA. At first, she joined TCMA simply to make some new friends after her family’s move. Quickly she realized the important role TCMA plays in serving the medical community. To become more involved she joined TCMA Board, where she continues to happily serve today. She is thankful for the opportunity to serve our community through TCMA!
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Auto Program
Fred Dupuy, MD

Dr. Dupuy, 80, passed away on February 11. Born in Houston, he graduated from St. John’s High School where he played basketball and football. He attended Yale University for three years before transferring to the University of Texas at Austin where he completed his undergraduate studies. Dr. Dupuy did his medical training at UT Southwestern Medical School in Dallas, achieving Alpha Omega Alpha distinction. He went on to do his internship and residency in obstetrics and gynecology at Parkland in Dallas. After completing his medical training he served in the United States Air Force for two years, achieving the rank of captain.

Dr. Dupuy moved to Austin in 1969 where he practiced OB/Gyn for over 25 years. He retired in 1997 to his farm on the San Marcos River where he devoted full-time to his passion of farming and raising cattle. His wife Nina recalls these years as a time of happiness and fond memories. The Dupuys returned to Austin full time a few years ago as Dr. Dupuy’s health went into decline, but he was able to enjoy spending time with his colleagues at the TCMS Retired Physicians’ Organization.

Dr. Dupuy leaves behind a legacy of helping deliver a generation of Austinites, service to his country and as a beloved husband and father. He was predeceased by his daughter Claire and is survived by his wife Nina, four children and five grandchildren.
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For many years, since 1981 in fact, the Medical Practice Act has provided the basic rules that apply when patients want copies of their medical records or want to have them released to a third party. Patients consent to the release of their medical records by signing a “consent for release of confidential information” that meets five legal requirements:

1. Written: Consent for release of confidential information must be in writing.
2. Signed: It must be signed by the patient. If the patient is a minor, the consent must be signed by their parent or legal guardian. If the patient is judged to be incompetent, the consent must be signed by a legal guardian.
3. Reasons: The reasons or purposes of the release must be specified.
4. Identify Records: The consent must identify the information or medical records to be released. An attorney general opinion says the records subject to the release must be merely “identifiable.” Thus, it is not a valid objection in the attorney general’s view, that the patient has not described the records he wants with “sufficient specificity” to the physician’s satisfaction.
5. To Whom Released: The consent must specify the persons to whom the information or medical records are to be released. Thus, a patient is free to designate anyone as the recipient of their medical records and has the right to have copies of medical records released to him under this provision.

Note: The HIPAA Privacy Rule requires a more extensive 12-element release form that includes, in addition to these elements, statements of patient’s rights and an expiration date.

Beyond the basic elements of the release form, release issues can take on many varied aspects. Here are a number of questions commonly asked about records release.

Q: What about diagnostic imaging studies?
A: If a physician received a written request for release of information that complies with the above mentioned requirements, the physician “shall allow access” to imaging studies in his possession by providing copies of the imaging studies to the patient or releasing the original imaging studies to the patient. Evidence of the transfer of original studies may be done by a signed and dated receipt acknowledging receipt of and responsibility for the original imaging studies.

Q: How long do I have to release records?
A: From 1981 to 1994 a physician had a “reasonable time” to respond. That changed to 30 calendar days in 1995 and to 15 business days in 1999. Thus, when a physician receives a proper written request for release of records, he has 15 business days to respond or as outlined above, provide a written reason as to why not. Please note that the rules are not consistent across the board. Hospitals have 15 business days to respond.

Q: Do I release records received from other sources?
A: Yes. The Medical Practice Act provides that “A physician shall furnish copies of medical records requested, or a summary or narrative of the records, including records received from another physician or health care provider involved in the care or treatment of the patient,” pursuant to a written consent for release of the information TMB rules mirror this provision. This has been the law since approximately 1995. It is no use to argue that “I can’t release records I didn’t create.” And no exception to this rule allows a physician to refuse to release records from other sources unless they

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are drug and alcohol treatment records from certain federally regulated facilities.

Q: Do I release billing records?
A: Yes, when requested. TMB takes the position that a physician is not required to release billing records as part of a medical records release unless the requesting party asks in writing specifically for billing records.

Q: Can I refuse release when a patient has an unpaid bill?
A: No. If a patient makes a proper request for release of medical and/or billing records, a physician may not withhold them from the patient, their authorized agent or designated recipient based on a past due account for medical care previously rendered to that patient. The AMA also considers this practice unethical.

Q: What are the penalties for violating TMB release rules?
A: Failure to provide timely copies of medical or billing records on written request carries the following penalties under TMB rules: Furnish the records requested, restitution and a penalty of $1,000 per violation.

Q: Didn’t HIPAA change all of this?
A: Not really. A “covered entity,” which includes virtually every physician and health facility in the US, is “permitted” to disclose “protected health information” (which basically encompasses all information in medical records) to “the individual” who is the subject of the information and is “required” to disclose that information when they submit a written release form or invokes their HIPAA-based “right of access to inspect” their records. HIPAA basically uses different terminology to reach the same end.

One point where HIPAA conflicts with Texas law is that a patient has no right to inspect or copy their “psychotherapy notes” under HIPAA whereas Texas law contains no such limitation. Another conflict is that HIPAA allows a physician to deny access if they think that it is “reasonably likely to endanger the life or physical safety of the individual or another person.” As seen above, the test in Texas is merely that it be “harmful” to the patient - a much lower standard. The rules for resolving conflicts between HIPAA and state law suggest to the author that the Texas rules should apply over HIPAA in these instances, though there is some room for argument.

Q: What fee can I charge for providing copies of medical records?
A: The general rule is that a physician may charge a “reasonable fee.” TMB rules require the reasonable fee to be “cost-based.” The specific answers to this question depend entirely on the format in which the records are kept.

- Paper Records. A reasonable fee for providing paper records in paper format is no more than $25 for the first twenty pages and $.50 per page for every copy thereafter. This has been TMB’s rule since 2004.
- Electronic Records. A reasonable fee for providing electronic records is no more than $25 for 500 pages or less and $50 for more than 500 pages. TMB added this rule in 2014 due to the increase in EHR usage.
- Hybrid Records. A reasonable fee for providing partially electronic and partially paper records is a combination of the fee provisions. Thus a physician can charge $25 for twenty pages of paper records and $25 for 500 pages of electronic records.
- Affidavit Fee. If an affidavit certifying that the information is a true and correct copy of the records (regardless of format) is requested, a fee of up to $15 may be charged for the affidavit.
- Separate Fees. A physician may charge separate fees for medical and billing records. Thus a physician can charge $25 for twenty pages of paper records and $25 for twenty pages of paper billing records.
- Diagnostic Imaging Studies. A reasonable fee for imaging studies is no more than $8 per copy. In addition, the fee may include actual costs for mailing, shipping or delivery.

Q: What goes into determining a “reasonable fee”?
A: Such things as the cost of copying, labor – including compiling, scanning, burning into electronic media and distributing electronic media (including postage). The cost of supplies (paper or electronic media) are also included in the fee.

Q: Can I charge a fee in an emergency?
A: No. When information is requested by a licensed Texas health care provider or a US or Canadian physician for purposes of emergency or acute medical care, no fee may be charged.

Q: Besides emergencies when am I prohibited from charging any fee?
A: A physician may not charge a fee for a medical or mental health record requested by a patient (former patient or their authorized representative) if the request is related to a benefits or assistance claim based on the patient’s disability. However the requesting party must provide evidence that the patient is applying for benefits or appealing a denial of benefits.

Q: What if a patient refuses to pay a fee?
A: When a patient (or someone on their behalf) requests medical records but does not send payment with the request, TMB rules allow a physician to keep the information until payment is received. However the physician must notify the requesting party in writing of the need for payment within 10 calendar days of receiving the request. A copy of the letter regarding need for payment shall be made part of the patient’s record.

Hugh M. Barton is a health lawyer in Austin, Texas. He concentrates on business and regulatory issues affecting licensed health professionals. Mr. Barton has been practicing health law for 32 years and is board certified in Health Law by the Texas Board of Legal Specialization. He can be reached at 512-499-0793 or at bartonlaw@yahoo.com.
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