



Notice of Privacy Policy

Effective Date: August 15, 2013

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION (PHI). PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your PHI. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of your legal duties and the privacy that we maintain in our practice concerning your PHI.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment and will use and disclose your protected health information for treatment, payment, and health care options when necessary.

WHO WILL FOLLOW THIS NOTICE

Any healthcare professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this notice. The practices described in this notice will also be followed by healthcare providers you consult with by telephone, who provide "call coverage" for your healthcare provider. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

- **Required Uses And Disclosures:** By law we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.
- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to assistants who provide care to you. We may disclose your protected health information from time-to-time to another physician or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs who have been prescribed to

identify potential interactions. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that we might undertake before it approves or pays for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay might require that your relevant protected health information be disclosed to obtain approval for the hospital admission.
- **Health Care Operations:** We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of medical students, licensing, communications about a product or service, and conducting or arranging for other health care related activities. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We will share your protected health information with third party “business associates” who perform various activities (for example, billing or transcription services.) The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about our office and the services we offer. We may also send you information about products or services that we believe might benefit you.

- **Required By Law:** We may use or disclose your protected health information if law or regulation requires the use or disclosure.
- **Public Health:** We may disclose your protected health information to a public health authority whom is permitted by law to collect or receive the information. The disclosure may be necessary to do the following: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following: report adverse events, product defects, or problems and biologic product deviations; track products; enable product recalls; make repairs or replacements; conduct post-marketing surveillance as required.
- **Legal Proceedings:** We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a discloser is expressly authorized) and in certain conditions in response to a subpoena, discovery request, or other lawful process.



- **Law Enforcement:** We may disclose protected health information for law enforcement purposes including responses to legal proceedings, information requests for identification and location, circumstances pertaining to victims of a crime, deaths suspected from criminal conduct and/or medical emergencies.
- **Coroners, Funeral Directors, and Organ Donations:** We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donations.
- **Research:** We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **Criminal Activity:** Under applicable federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty; (2) for determination by the Department of Veterans Affairs (VA) of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities including protective services to the President or others.
- **Workers' Compensation:** We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and our practice created or received your protected health information while providing care to you. This disclosure would be necessary (1) for the institution to provide you with health care; (2) for your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Disclosures by the Health Plan:** Health plans may also disclose your protected health information. Examples of these disclosures include verifying your eligibility for health care and for enrollment in various health plans and coordinating benefits for those who have other health insurance or are eligible for other government benefit programs.
- **Parental Access:** Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

- **Individuals Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized



public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request or electronic message to our office. Depending on your request, you may also have rights under the Privacy Act of 1974. Our office will accommodate reasonable requests.

- **Right to Inspect and Copy:** You may inspect and obtain a copy of your protected health information that is contained in a “designated record set: for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that our office uses for making decisions for you. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.
- **Right to Request Restrictions:** You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to our office where you wish the restriction instituted.
- **Right to Request Confidential Communications:** You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.
- **Right to Request Amendment:** If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures:** You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after August 15, 2007 and no more than 6 years from the date of request.
- **Right to Obtain a Copy of this Notice:** You may obtain a paper copy of this notice from this office or view it electronically at our website.

FEDERAL PRIVACY LAWS

This is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act, and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies.

CONTACT INFORMATION

You may contact our office for further information about the complaint process, or for further explanation of this document.