

# NOTICE OF PRIVACY PRACTICES

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

## **Summary:**

By law, we are required to provide you with our Notice of Privacy Practices (NPP). **THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

As a patient, you have the following rights:

1. The right to inspect and copy your information;
2. The right to request corrections to your information;
3. The right to request that your information be restricted;
4. The right to request confidential communications;
5. The right to a report of disclosures of your information; and
6. The right to a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us. This Notice contains information about how we will insure that your information remains private.

If you have any questions about this Notice, the name and phone number of our contact person is listed on this page.

Effective Date of this Notice	
Contact person	
Phone Number	

### **Acknowledgement of Notice of Privacy Practices**

"I hereby acknowledge that I have received a copy of this practice's **NOTICE OF PRIVACY PRACTICES**. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed above. I further understand that the practice will offer me updates to this **NOTICE OF PRIVACY PRACTICES** should it be amended, modified, or changed in any way."

\_\_\_\_\_  
Patient or Representative Name (please print)

\_\_\_\_\_  
Patient or Representative Signature

\_\_\_\_\_  
Date

Patient refused to sign       Patient was unable to sign because

\_\_\_\_\_

We respect the privacy and confidentiality of your protected health information. This Notice of Privacy Practices (“Notice”) describes the ways in which we may use and disclose your medical/protected health information and how you can get access to this information. Your health information is contained in your medical and billing records maintained by this organization. It includes demographic information and information that relates to your present, past or future physical or mental health and related healthcare services. This Notice applies to uses and disclosures we may make of all your protected health information whether created by us in our practice or received by us from another healthcare provider.

## **YOU MAY OPT OUT OF FUNDRAISING ACTIVITIES (SEE SECTION IV.3.)**

### **I. OUR OBLIGATIONS**

We are required by law to:

- ✓ Maintain the privacy of your protected health information
- ✓ Provide you with notice of our legal duties and privacy practices
- ✓ Provide you with this Notice of our legal duties and privacy practices with respect to your protected health information
- ✓ Abide by the terms of this Notice, as currently in effect
- ✓ Notify you if we are unable to agree to a requested restriction on how your protected health information is used or disclosed
- ✓ Accommodate reasonable requests that you make to communicate health information by alternative means or at alternative locations
- ✓ Obtain your written authorization to use or disclose your protected health information for reasons other than those listed below and permitted by law.

We know that your protected health information is personal. We are committed to protecting your information. So as to provide you with good care and to ensure that we follow all legal requirements, we document (in a medical record) the care and services that we provide to you. This notice applies to those records.

### **CHANGES TO THIS NOTICE**

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including both protected health information we already have and protected health information we create or receive in the future. Should we make any material changes, we will make the revised Notice available to you by posting it in our facility.

## **II. HOW WE WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

We may use and disclose your protected health information for purposes of treatment, payment and healthcare operations as described below.

### *1. For Treatment:*

We may use and disclose your protected health information to provide you with treatment and services and to coordinate your continuing care. Your protected health information may be used by doctors and nurses, as well as lab technicians,

dieticians, physical therapists or other personnel involved in your care, both within our facility and with other health care providers involved in your care. This information is recorded in your medical record. It is necessary for health care providers to determine what treatment you should receive. Healthcare providers will also record actions taken by them in the course of your treatment and note your reactions. We may also disclose your protected health information to providers or facilities that will be involved in your care after you leave our facility or our care. Examples of how we will disclose information for treatment include:

- a. Sharing of information about you with referring physicians;
- b. Sharing of information about you with your primary care physician or a specialist;
- c. Sharing of information about you with hospitals, ambulatory care centers, or laboratories; or
- d. Sharing of information about you with pharmacies.

### *2. For Payment:*

We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive from us. For billing and payment purposes, we may disclose your protected health information to an insurance company or managed care company, Medicare, Medicaid, or any other third party payer. The information on the bill may contain information that identifies your diagnosis, treatment and supplies used in the course of treatment. Examples of how we will disclose information for payment include:

- a. We may contact your health plan to confirm your coverage;
- b. We may contact your health plan for pre-certification of a service;
- c. We may contact any other organizations who provided you with medical services to obtain payment information; or
- d. We may provide information to any other healthcare provider who requests information necessary for them to collect payment.

### *3. For Healthcare Operations:*

We may use and disclose your protected health information as necessary for our internal operations, such as for general administrative activities and to monitor the quality of care you receive at our facility. Examples of how we will disclose information as it relates to healthcare operations include:

- a. We may use or disclose your protected health information to assess and improve the quality of care you receive;
- b. We may use or disclose your protected health information for education and training purposes;
- c. We may use or disclose your protected health information for planning for services;
- d. We may use or disclose your protected health information to evaluate the performance of our employees; or
- e. We may use or disclose your protected health information to our attorneys, consultants, accountants, and business associates.

## **III. OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR CONSENT**

Under the Health Insurance Portability and Accountability Act Privacy Regulations, we may use and disclose your protected health information. "Use" refers to our internal utilization of your protected health information. Specifically, "use" under the privacy regulations means: "...with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information." Disclosure refers to the

provision of information by us to parties outside of our organization. Specifically, disclosure means: "...the release, transfer, provision of access to or divulging in any other manner, of information outside of the entity holding the information." We may make the following uses and disclosures of your protected health information without obtaining a written Authorization from you:

*1. As Required by Law:*

We may disclose your protected health information when required to do so by law.

*2. Facility Directory:*

Unless you object, we may use and disclose certain limited information about you in our directory while you are a patient. This information may include your name, your location within our facility, your general condition and your religious affiliation. Our directory will not include specific medical information about you. We may disclose directory information, except for your religious affiliation, to people who ask for you by name. We may provide directory information, including your religious affiliation, to a member of the clergy.

*3. Persons Involved in Your Care or Payment for Your Care:*

Unless you object, we may disclose protected health information about you to a family member, a close personal friend or neighbor or other person(s) you identify, including clergy, who are involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in arranging payment for your care.

*4. Public Health Activities:*

We may disclose your protected health information for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability.

*5. Reporting Victims of Abuse, Neglect or Domestic Violence:*

If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your protected health information to notify a government authority, if authorized by law or if you agree to the report.

*6. Health Oversight Activities:*

We may disclose your protected health information to a health oversight agency for activities authorized by law. A health oversight agency is a state or federal agency that oversees the healthcare system. Some of the activities may include, for example, audits, investigations, inspections and licensure actions.

*7. Judicial and Administrative Proceedings:*

We may disclose your protected health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process.

*8. Law Enforcement:*

We may disclose your protected health information for certain law enforcement purposes, including, for example, to file reports required by law or to report emergencies or suspicious deaths; to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.

*9. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations:*

We may disclose your protected health information to a family member or others involved in your care or payment for care prior to death, unless doing so is inconsistent with any prior expressed preference that is known to us. We may disclose your protected health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue to enable them to carry out their lawful duties.

*10. Research:*

Your protected health information may be used for research purposes, but only if: (1) the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board and the Board can legally waive patient authorizations otherwise required by the Privacy Rule; (2) the researcher is collecting information for a research proposal; (3) the research occurs after your death; or (4) if you give written authorization for the use or disclosure. We may combine conditioned and unconditioned authorizations for research, provided that the authorization clearly differentiates between the conditioned and unconditioned research components. You may opt in to the unconditioned research activities. For research involving disclosure of psychotherapy notes, your authorization may be combined with another authorization for a use or disclosure of psychotherapy notes.

*11. To Avert a Serious Threat to Health or Safety:*

When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose your protected health information to someone able to help lessen or prevent the threatened harm.

*12. Military and Veterans:*

If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities. We may also use and disclose protected health information about you if you are a member of a foreign military as required by the appropriate foreign military authority.

*13. National Security and Intelligence Activities; Protective Services for the President and Others:*

We may disclose protected health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

*14. Inmates/Law Enforcement Custody:*

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information to the institution or official for certain purposes including your own health and safety as well as that of others.

*15. Workers' Compensation:*

We may use or disclose your protected health information to comply with laws and regulations relating to workers' compensation or similar programs.

*16. Disaster Relief:*

We may disclose protected health information about you to an organization assisting in a disaster relief effort.

*17. Proof of Immunizations to Schools:*

We may disclose proof of immunization(s) to a school where State or other law

requires the school to have such information prior to admitting the student. We are required to obtain an agreement from you, which may be oral, or from a parent, guardian or other person acting in loco parentis for the individual, or from the individual himself or herself, if the individual is an adult or emancipated minor.

*18. Appointment Reminders:*

We may use or disclose protected health information to remind you about appointments.

*19. Treatment Alternatives and Health-Related Benefits and Services:*

We may use or disclose your protected health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

*20. Business Associates:*

We may disclose your protected health information to our business associates under a Business Associate Agreement. Business Associates are also required to maintain your protected health information in a secure manner.

#### **IV. OTHER USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION REQUIRE WRITTEN AUTHORIZATION**

Under any circumstances other than those listed above, we will request that you provide us with a written authorization before we use or disclose your protected health information to anyone. For example:

*1. Marketing:*

Marketing is defined as communications to you about health-related products or services when we receive payment in exchange for making this communication on behalf of a third party whose product(s) or service(s) are being marketed to you.

*2. Sale of Protected Health Information:*

We may not sell your protected health information to a third party for payment, unless an exception applies. (Example of an exception: where sale of protected health information is part of a sale, transfer, merger, or acquisition of our organization).

*3. Fundraising:*

We may contact you to raise funds, and you have the right to opt-out of these communications. Your choice to opt out is treated as a revocation of your authorization. Some information is permitted to be released without your authorization, such as treating physician information.

If you sign an authorization allowing us to disclose your protected health information about you in a specific situation, you can later revoke (cancel) your authorization in writing.

If you cancel your authorization in writing, we will not disclose your protected health information about you after we receive your cancellation, except for disclosures which were already being processed or made before we received your cancellation.

#### **V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your protected health information:

*1. The Right to Access Your Personal Protected health information:*

You have the right to inspect and, upon written request, obtain a paper or electronic copy of your protected health information except under certain limited circumstances. Under state law, if we make a copy of your medical record, we will not charge more than is permitted by the current rate allowed by state law. We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to protected health information, in some cases you will have the right to request a review of the denial. This review would be performed by a licensed healthcare professional designated by our organization who did not participate in the original decision to deny access.

*2. The Right to Request Restrictions:*

You have the right to request that we restrict the way we use or disclose your protected health information for treatment, payment or healthcare operations. However, we are not required to agree to such a restriction. If we do agree to the restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your treatment.

You have a right to request a restriction on disclosures to your health plan for the purpose of carrying out payment or health care operations if the restriction applies to protected health information for which you have paid us out-of-pocket.

*3. The Right to Request Confidential Communications:*

You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

*4. The Right to Request an Amendment:*

You have the right to request that we amend or modify your protected health information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information: (a) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to act on your request; (b) is not part of the protected health information maintained by us; (c) is information to which you have a right of access; or (d) is already accurate and complete, as determined by us. If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial and explain to you that you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record.

*5. The Right to An Accounting of Disclosures:*

You have the right to request an accounting (a report) of certain disclosures of your protected health information. This is a listing of disclosures made by us or by others on our behalf, but does not include disclosures made for treatment, payment, healthcare operations, nor certain other exceptions. You must submit your request in writing and you must state the time period for which you would like the accounting. The accounting will include the disclosure date, the name, address (if known) of the person or entity that received the information, a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. The first accounting provided within a 12-month period will be free. For further requests, we may charge you our costs for completing the accounting.

*6. The Right to a Paper Copy of This Notice:*

You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting our office in writing or by phone. In addition, you may obtain a copy of this Notice at our website, noted on page one.

*7. The Right to be Notified of a Breach:*

You have a right, and it is our duty, to notify you of a breach of unsecured protected health information.

## **VI. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION:**

For disclosures concerning protected health information related to care for psychiatric conditions, substance abuse, or HIV-related information, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or a court orders the disclosure. A general release of your protected health information will not be sufficient for purposes of disclosing psychiatric, substance abuse or HIV-related information.

*1. Psychiatric Information:*

We will not disclose records relating to a diagnosis or treatment of your mental condition between you and the psychiatrist without specific written authorization or as required or permitted by law.

*2. HIV-related Information:*

HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written authorization. A general authorization for release of medical information will not be sufficient for purposes of releasing HIV-related information. As may be required by state law, if we make a lawful disclosure of HIV-related information, we will enclose a statement that notifies the recipient of the information that they are prohibited from further disclosing the information.

*3. Substance abuse treatment:*

If you are treated in a specialized substance abuse program, information which could identify you as an alcohol or drug-dependant patient will not be disclosed without your specific authorization except for purposes of treatment or payment or where specifically required or allowed under state or federal law.

## **VII. COMPLAINTS**

1. If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the government:

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 509F  
HHH Building  
Washington, D.C. 20201

2. To file a complaint with us, you should contact the individual mentioned on page one of this notice. A phone number is also provided on page one.

3. You will not be retaliated against for filing a complaint.