

## HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and/or disclosed AND how you can get access to this information. Please review it carefully.

This Notice of Privacy Practice describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI that may identify you and relates to your past, present and future physical or mental health conditions and related health care service.

### **Uses & Disclosures of Protected Health Information (PHI)**

Your protected health information may be used and/or disclosed by your physician, our office staff and others outside of our office that are involved in your care & treatment for the purpose of providing health care services to you, to pay our health care bills, to support the operations of the practice and any other required by law.

#### **Treatment:**

We will use and disclose your PHI 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, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

#### **Payment:**

Your PHI will be used as needed to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

#### **Healthcare Operations:**

We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include but are not limited to: quality assessment, employee review, training of medical students, licensing, fundraising and conducting or arranging for other business activities. For example, we may disclose your PHI to medical students seeing patients in our office. In addition, we may use a sign in sheet at our front desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when the physician is ready to see you. We may use or disclose your PHI as necessary to contact you to remind you of your appointment(s) and to inform you about treatment alternatives or other health-related benefits & services that may be of interest to you.

We may use or disclose your PHI in the following situations without your authorization when required by law: for public health safety; communicable disease notification; health oversight, abuse or neglect; FDA requirements; legal proceedings; coroner or funeral director requests; organ donation inquiries; legally governed research; criminal, military or national security worker activity related inquiries; compensation; inmates; other requests, required uses and disclosures as sanctioned by law enforcement or other legal proceedings. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your PHI when required by the Secretary of Department of Health & Human Services to investigate or determine our compliance with the requirements under section 164.500.

Other permitted and required uses and disclosures will be made only by your consent, authorization or opportunity to object unless required by law. You may revoke the authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

#### **Your Rights:**

The following are statements of your rights with respect to your PHI.

You have the right to inspect and copy your health information (fees may apply). Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or used in, a civil, criminal or administrative action or proceeding; PHI restricted by law that is related to medical research in which you agreed to participate; PHI that when disclosed may cause harm or injury to you or another person; information that was obtained under promise of confidentiality.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI, and by law we must comply when the PHI pertains solely to a health care item or service for which the healthcare provider involved has been paid out of pocket in full. You may also request that any part of your PHI not be disclosed to family member or friends that may be involved in your care for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction(s) to apply. By law, you may not request that we restrict the disclosure of PHI for treatment purposes.

You have the right to request to receive confidential communications. You have the right to request to receive confidential communication from us by alternative means or at an alternative location. You have the right to receive an accounting of certain disclosures. You have the right to receive an accounting of all disclosures except for the following: pursuant to an authorization; for purpose of payment, treatment or healthcare operations; required by law; that occurred prior to April 14, 2003 or greater than six years prior to the date of the request.

You have the right to obtain a paper copy of this notice from us upon request (even if you have agreed to accept this notice alternatively, i.e. electronically). We reserve the right to change the terms of this notice, and we will notify you of such changes when you next present to our office. We will also provide you with a copy of any changes if you wish to obtain one.

**Complaints:**

You may complain to us or to the Secretary of Department of Health & Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Office of your complaint. We will not retaliate against you for filing a complaint. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with request to PHI. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form please ask to speak with our HIPAA Compliance in person or by phone at our main number.

Please sign below to acknowledge that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices. Please note that your signature also means you understand that under the Health Insurance Portability and Accountability Act (HIPAA) you have certain rights to privacy regarding your protected health information. Your signature also means that you acknowledge that you have the right to obtain a paper copy of this notice from us upon request. We reserve the right to change the terms of this notice, and we will notify you of such changes when you next present to our office. We will also provide you with a copy of any changes if you wish to obtain one.

*Signature on condensed sheet with Financial Policies & Narcotic Policy.*