

HIPAA NOTICE OF PRIVACY PRACTICES

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

This Practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your health condition and the care and treatment you receive from This Practice. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

The privacy of PHI in patient files will be protected with a secure firewall. If any hard copy files are taken to and from The Practice, they will be placed in a box or briefcase and kept within the custody of a doctor or employee authorized to remove the files from the office. Employees of This Practice are trained to respect patient confidentiality, act in compliance with HIPAA, and abide by office determined minimum necessary use and disclosure.

NO CONSENT REQUIRED

The Practice may use and/or disclose your PHI for the purposes of:

(a) Treatment - In order to provide you with the health care you require, The Practice will provide your PHI to those health care professionals, whether on The Practice's staff or not, directly involved in your care so that they may understand your health condition and needs.

(b) Payment - In order to get paid for services provided to you, The Practice will provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements.

(c) Health Care Operations - In order for The Practice to operate in accordance with applicable law and insurance requirements and in order for The Practice to continue to provide quality and efficient care, it may be necessary for The Practice to compile, use and/or disclose your PHI. For example, self-audits conducted for quality assurance may disclose your PHI to The Practice's employees.

(d) Outgoing faxes or emails to assist in the above operations will include reasonable precautions to avoid improper disclosure of PHI. Fax cover pages will include a memo in the footer explaining that the PHI is enclosed and to be read only by authorized personnel. Similarly, outgoing emails shall be sent on a secure network and shall contain in their subject the private nature of the email and its intended recipient.

Additionally, This Practice may use and/or disclose your PHI, without a written consent from you, in the following additional instances:

(a) De-identified Information - Information that does not identify you and, even without your name, cannot be used to identify you.

(b) Business Associate - To a business associate if The Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists The Practice in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.

(c) Personal Representative - To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

(d) Emergency Situations -

(i) for the purpose of obtaining or rendering emergency treatment to you provided that The Practice attempts to obtain your consent as soon as possible; or

(ii) to a public or private entity authorized by law (or by its charter) to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency.

(e) Communication Barriers - If, due to substantial communication barriers or inability to communicate, The Practice has been unable to obtain your consent and The Practice determines, in the exercise of its professional judgment, that your consent to receive treatment is clearly inferred from the circumstances.

(f) Public Health Activities - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease and that does not identify you and, even without your name, cannot be used to identify you.

(g) Abuse, Neglect or Domestic Violence - To a government authority if The Practice is required by law to make such disclosure. If The Practice is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.

(h) Health Oversight Activities - Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.

(i) Judicial and Administrative Proceeding - For example, The Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

(j) Law Enforcement Purposes - In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, The Practice may disclose your PHI if The Practice believes that your death was the result of criminal conduct.

(k) Coroner or Medical Examiner - The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

(l) Organ, Eye or Tissue Donation - If you are an organ donor, The Practice may disclose your PHI to the entity to whom you have agreed to donate your organs.

(m) Research - If The Practice is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI and that does not identify you and, even without your name, cannot be used to identify you.

(n) Avert a Threat to Health or Safety - The Practice may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(o) Workers' Compensation - If you are involved in a Workers' Compensation claim, The Practice may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

DUE DILIGENCE

(a) If your PHI is requested by an outside authority such federal, state, or local governmental agencies as those named above, The Practice will perform its due diligence to verify the source of authority before any information is released.

(b) Any software vendor or clearinghouse with whom this office chooses to work will be investigated to ensure compliance with existing TCS standards. Insurance feedback that contains PHI such as electronic remittance advice (ERA) or explanation of benefits (EOB) shall be read only by employees of This Practice who have a role in the billing process, as per This Practice's minimum necessary use policy.

APPOINTMENT REMINDERS

(a) Your health care provider or a staff member may disclose your health information to contact you to provide appointment reminders. This may consist of an email, postcard, text message, or phone call. If you are not at home to receive your appointment reminder, a message may be left on your answering machine, voicemail, or with the person who answers the call unless otherwise specified.

(b) You have the right to refuse us authorization to contact you to provide appointment reminders. If you refuse us authorization, it will not affect the treatment we provide to you.

FAMILY/FRIENDS

The Practice may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care unless you direct The Practice to the contrary. The Practice may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

(a) If you are present at or prior to the use or disclosure of your PHI, The Practice may use or disclose your PHI if you agree, or if The Practice can reasonably infer from the circumstances, based on the exercise of its professional judgment that you do not object to the use or disclosure.

(b) If you are not present, The Practice will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written authorization. You have the right to revoke your authorization to us at any time; however, your revocation must be in writing.

RESTRICTIONS

You may request restrictions on certain use and/or disclosure of your PHI as provided by law. However, The Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to The Practice's Compliance Officer. In your written request, you must inform The Practice of what information you want to limit, whether you want to limit The Practice's use or disclosure, or both, and to whom you want the limits to apply. If The

Practice agrees to your request, The Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.

YOU HAVE A RIGHT TO

(a) Inspect, request, and obtain a copy your PHI as provided by 45 CFR 164.524. To inspect and copy your PHI, you are required to submit a written request to The Practice's Compliance Officer. The Practice can charge a reasonable fee, based on the number of pages in the patient file, for the cost of copying, mailing or other supplies associated with your request. A parent or legal guardian has the right to access PHI of any minor for whom they are legally responsible.

(b) Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to The Practice's Compliance Officer. The Practice will accommodate all reasonable requests.

(c) Prohibit report of any test, examination or treatment to your health plan or anyone else for which you pay in cash or by credit card.

(d) Authorize or restrict visitors and their access to your PHI.

(e) Authorize or restrict any form of communication including but not limited to: email, text message, telephone calls, postcards, birthday card, and welcome letters.

(f) Restrict any marketing activities. Any marketing effort directed toward a patient will be first be approved by that patient prior to engaging in the activity.

(g) Receive an accounting of disclosures of your PHI as provided by 45 CFR 164.528. The request should indicate in what form you want the list (such as a paper or electronic copy).

(h) Receive a paper copy of this Privacy Notice from The Practice upon request to The Practice's Compliance Officer. You may request electronic copies of your PHI if this office maintains your records in that format.

(i) Amend your PHI as provided by 45 CFR 164.528. To request an amendment, you must submit a written request to The Practice's Compliance Officer. You must provide a reason that supports your request. If you disagree with The Practice's denial, you have the right to submit a written statement of disagreement.

The Practice may deny your request if:

- (i) the request is not in writing with a provided reason in support of your request
- (ii) the information to be amended was not created by The Practice, unless the individual or entity that created the information is no longer available
- (iii) the information is not part of your PHI maintained by The Practice
- (iv) the information is not part of the information you would be permitted to inspect/copy
- (v) the information is accurate and complete

The Practice will deny your request if:

- (i) the amendment would erase documentation required to support the billing or coding
- (ii) the amendment is a blatant lie that will result in financial gain for the patient
- (iii) the amendment would otherwise falsify the record for legal purposes

(j) Receive notice of any breach of confidentiality of your PHI by The Practice.

(k) If you believe your privacy rights have been violated, you may complain to the Office of Civil Rights via the below address, via phone at 202-619-0257, or via email at ocrmail@hhs.gov. To file a complaint with The Practice, you must contact The Practice's Compliance Officer. All complaints must be in writing.

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

NOTIFICATION OF BREACH OF PHI

In the unexpected event that PHI is disclosed the patient will be immediately notified of the breach of privacy. The extent of the unauthorized disclosure and associated risks will be explained. Also included will be the action taken by this office to mitigate damage and contain the named risks. Examples of action taken may include strengthening physical and technical security measures and writing to the group or individual that gained access to the PHI informing and requesting them to destroy or delete the disclosed PHI.

DESTRUCTION OF PHI

This office will destroy patient files and their contained PHI in a timely fashion once state regulations and/or recommendations concerning records retention have been fulfilled. Records will be discarded in a HIPAA compliant manner, taking reasonable precautions to prevent accidental exposure of PHI during this process.

PRACTICE'S REQUIREMENTS

This Practice:

- (a) Is required by federal law to maintain the privacy of your PHI and to provide you with this Notice detailing The Practice's legal duties and privacy practices in regards to your PHI.
- (b) Is required to abide by the terms of this Privacy Notice.
- (c) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.
- (d) Will distribute any revised Privacy Notice to you prior to implementation.
- (e) Will not retaliate against you for filing a complaint.

By my signature below, I acknowledge that I have been provided a copy of the Notice of Privacy Practices, that I have read them or declined the opportunity to read them, and understand the Notice of Privacy Practices. I understand that this form will be placed in my permanent file and maintained for seven years.

Patient Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____