



## Notice of Privacy Practices

*Please review this notice carefully; it describes certain rights regarding how your PHI may be used and disclosed, and how you can get access to your information.*

**Please contact Kathy Case, our Privacy Official,  
if you have any questions about this Notice of Privacy Practices**

This office may, from time to time, use and disclose your Protected Health Information (PHI) in order to perform treatment, payment or health care operations, and for other purposes required by law. This Notice will explain your rights to access and amend your PHI and covers any individually identifiable health information about you relating to your past, present or future physical or mental health or conditions and related health care services.

This office is required by law to abide by the terms of this Notice of Privacy Practices. The notice may be changed from time to time, but we will inform you of any changes upon request.

### **I. Uses and Disclosures of Protected Health Information (PHI)**

This office may, with or without your consent, use or disclose PHI for treatment, payment, or health care operations as set forth under HIPAA guidelines. There are, however, exceptions when certain uses and disclosures will require authorization from you.

This office may:

- Use or disclose PHI to carry out treatment, payment or health care operations.

- Disclose PHI for further treatment activities of another health care provider.

- Disclose PHI to another covered entity or health care provider for payment activities of the entity that receives the information.

- Disclose PHI to another covered entity for healthcare operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the PHI being requested if it is for a covered purpose or for the purpose of health care fraud and abuse, detection or compliance. We may disclose PHI about an individual to another covered entity that participates in an organization health care arrangement of which we are also a part.

Your physician/therapist, our office staff: and others outside of our office who are involved in your health care treatment and services may use and disclose your PHI. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are some of the ways we may use or disclose your PHI:

**Treatment:** We may use and disclose your PHI to provide health care and other services to you, and to coordinate your care and services with third parties (for which we will obtain an authorization from you). We may also disclose PHI to other physicians who may be treating you or who may in the immediate future treat you. Additionally, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at our request, may provide your diagnosis or treatment to us to help in your treatment.

**Payment:** We may also use or disclose your PHI to obtain payment for your health care services. This may include determining your eligibility of coverage for insurance benefits, reviewing necessary medical services, and undertaking utilization review activities for services you may need to receive.

**Healthcare Operations:** We may use or disclose your PHI to support some of our business activities such as quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician/therapist. We may also call you by name in the waiting room when your physician/therapist is ready to see you. We may use or disclose your PHI to contact you to remind you of your appointment.

We will share your PHI with third party "business associates" that perform various activities for us such as billing and transcription services. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your name and address to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Official to request that these materials not be sent to you.

All information used or disclosed by this office will be the minimum necessary for the purpose required. We may, but are not required to, ask you to sign a consent before we use or disclose your PHI.

**Uses and Disclosures of PHI Requiring Your Written Authorization:** There are other uses and disclosures of your PHI that may be made only with your written authorization, unless otherwise permitted or required by law as defined below. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action for which we relied on the use or disclosure indicated in your authorization.

**Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object:** We may use and disclose your Pill in the instances identified below. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the Pill, then we may, using our professional judgment, determine whether the disclosure is in your best interest. In this case, only the minimum Pill that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may also use or disclose your Pill to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your Pill in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we are required by law to treat you and we have attempted to obtain your consent but are unable to, we may still use or disclose your Pill to treat you.

**Communication Barriers:** We may use and disclose your Pill if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using our professional judgment, that you intend to consent to use or disclosure under the circumstances.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your Pill without your consent or authorization in situations that may include:

**Required By Law:** We may use or disclose your Pill to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose PHI, but only if applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on our premises) and it is likely that a crime has occurred.

**Research:** We may disclose your PHI to researchers when 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 PHI.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the 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 PHI 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 PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## **II. Your Rights**

This office abides by the rights given to you by the United States Government with regard to your PHI. Following is an overview of your rights and how to exercise them.

**You have the right to inspect and copy your PHI:** You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain your PHI. A "designated record set" contains medical and billing records and any other records that we use for making decisions about your care.

Under federal law, however, you may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Official if you have questions about access to your medical record.

**You have the right to request a restriction of your PHI:** You may ask us not to use or disclose all or any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request

must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If we do agree to the requested restriction, we will not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location:** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Official.

**You may have the right to have your physician amend your PHI:** You may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment and if we do, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Official to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI:** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request.

### **III. Complaints**

You may direct your complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Official of your complaint. We will not retaliate against you for filing a complaint.

**You may contact our Privacy Official, Kathy Case, by phone at (321) 724-1614 for further information about the complaint process.**