



# HIPAA

# Notice of Privacy Practices

Protecting your Health Information is Important to Us!

**OUR PLEDGE**

We are committed to safeguarding your medical records and other confidential health information while also providing the highest level of care. “Protected health information,” or PHI, is a broad category which includes medical records, lab results, test results, prescriptions, physician’s notes, eligibility approvals, payment records, and other information. This information becomes PHI when it is combined with an identifier tying the information to an individual. An identifier could be a name, address, email address, phone number, policy number, or birth date.

For more information on what constitutes PHI, see our HIPAA: Protecting Patient Health Information notice.

**OUR NOTICE OF PRIVACY PRACTICES**

This notice describes how your medical information may be used or disclosed. It also explains your right to access and control your information. We are required to provide this Notice of Privacy Practices and to follow all terms of the notice currently in effect. If you wish to obtain a personal copy of the notice, you may contact our office.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The following list describes the different purposes for which we may use or disclose your health information. It is possible that other circumstances not mentioned on this list might arise in which we have to disclose your information. It is also possible we will never have reason to perform some of these disclosures.

We are permitted to use and disclose your health information for the following purposes:

**Treatment**

We will use and disclose your health information to perform treatment. This includes using information from your file to perform a diagnosis and disclosing information to a specialist so they may provide additional care.

**Payment & Plan Sponsors**

We will use and disclose your health information as needed to obtain payment for your healthcare services and assist with other administrative tasks. This may include sharing information with your healthcare plan to assist with an eligibility determination. If you get your health coverage through a sponsored group plan, we may also share protected health information with your plan sponsor.

**Health Care Operations**

We may use and disclose your health information to assess and improve the quality of our healthcare operations. This includes using your information to review the quality of the treatment you’ve received and to assess the performance of our staff.

**Appointment Reminders**

We may use or disclose your health information to remind you that you have an upcoming appointment.

**Treatment Alternatives**

We may use or disclose your health information to inform you about possible treatment alternatives.

**Health-Related Benefits and Services**

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

**Fundraising Activities**

We may use or disclose your demographic information, and the dates that you received treatment, to contact you about fundraising activities. You may call our office if you wish to opt out of receiving these fundraising materials.

**Facility Directories**

We may use and disclose your demographic information in our facility directory, including your name, condition, religion, and the location at which you receive care. All of this information, except for religious affiliation, will be disclosed to staff who ask for you by name. Your religion will be disclosed only to members of the clergy. You have a right to opt out of disclosing this information. If you have not agreed to disclose it, then only the health information that is relevant to your treatment will be made viewable.

**Others Involved in Your Healthcare**

We may disclose your health information to a family member, relative, close friend, or any other person you designate as being involved in your healthcare. The only information we will disclose to that person is that which directly relates to the person’s involvement in your healthcare. This includes your location, your general condition, and your death. We may also use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts, or to coordinate uses and disclosures to family or other representatives involved in your healthcare.

**Emergency Situations**

We may use or disclose your health information in an emergency treatment situation. Your physician will inform you of the disclosure as soon as possible following treatment.

**Required by Law**

We will use or disclose your health information when required by law to do so. This use and disclosure will only be limited to relevant information. You will be notified of the disclosure as required by law.

**Public Health and Communicable Diseases**

We may use or disclose your health information to a public health authority for public health activities and purposes. This disclosure will be made for the purpose of controlling disease, injury, or disability. We may disclose your health information to a foreign government agency if directed to do so by a public health authority. We may also disclose your health information to an individual person if that person may have been exposed to a communicable disease or is at risk of contracting or spreading the disease. We will only disclose this information if permitted by law.

**Health Oversight**

We may use or disclose your health information to a health oversight agency for legal activities such as audits, investigations, or inspections. This includes government healthcare agencies, government benefit programs, and other government regulatory agencies.

**Food and Drug Administration**

We may use or disclose your health information to a person or company who is required to report product defects, product deviations, and health effects resulting from food or drugs by the Food and Drug Administration. This use and disclosure will be made for the purpose of issuing product recalls, making product repairs, or conducting market research.

**Business Associates**

We may use or disclose your health information to business associates and service providers, such as billing service companies. All our business associates are contractually obligated to protect your privacy, and they will not be permitted to use or disclose any information other than what we’ve said they can use.

**Workers’ Compensation**

We may use or disclose your health information to comply with Workers’ Compensation laws, or with other programs that provide benefits for work-related injuries and illnesses.

**Coroners, Funeral Directors, and Organ Donation**

We may use or disclose your health information to a coroner or medical examiner so that they may identify your body, determine the cause of your death, or perform other duties as permitted by law. We may also disclose your health information to a funeral director so that they may carry out their duties, as permitted by law. Protected health information may also be disclosed in cases of organ, eye, or tissue donation.

**Research**

We may use or disclose your health information to researchers whose research has been approved by an institutional review board. Before releasing your information, we will follow established protocol to conceal your identity.

**Criminal Activity**

We may use or disclose your health information if ordered by a court in matters of criminal activity. We may disclose your information if we determine it is necessary to prevent a threat to public safety, or to an individual person’s safety. We may also disclose your information to law enforcement authorities if it is necessary to apprehend a criminal.

**Inmates**

We may use or disclose your health information if you are an inmate at a correctional facility and your physician has provided information needed to care for you.

**Suspected Abuse or Neglect**

We may use or disclose your health information to a public health authority if we believe that you have been a victim of abuse, child abuse, child neglect, or domestic violence. This information will only be disclosed to public health authorities or governmental agencies authorized to receive this information.

**Military Activity and National Security**

If you are an Armed Forces personnel, we may use or disclose your health information for activities deemed necessary by military command authorities, or by foreign military authorities if you are a member of a foreign military service. We may also disclose your information to determine eligibility for veteran benefits.

**Data Breach Notification Purposes**

We may use or disclose your health information to provide legally required notice of data breaches. This includes unauthorized acquisition, access, or disclosure of your health information. We may send the notice directly to you, or we may alert your health care plan so that your plan provider may inform you.

**SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH, AND GENETIC INFORMATION**

Certain federal and state laws require special privacy protections for certain types of health information. This may include, but is not limited to, HIV status, alcohol and substance abuse history, mental health information, and genetic information. Certain parts of the HIPAA Privacy Notice may not apply to these types of information. You may contact our office if you wish to learn more about special protections.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT REQUIRE WRITTEN AUTHORIZATION**

Uses and disclosures of protected health information that involve the release of psychotherapy notes, or the marketing or sale of your protected information, can only be made with your written authorization unless otherwise permitted by law. Any uses or disclosures not outlined in this notice must also require written authorization.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You are entitled to the following rights regarding your protected health information:

**1. You have the right to inspect and copy your protected health information.**

For as long as we keep your health information on record, you have the right to access and obtain copies. This includes medical and billing records, both physical and electronic. If you want to request a copy, you must make the request in writing. You may be charged a reasonable fee for copies.

Under federal law, you may not inspect or copy the following records: psychotherapy notes; information that is compiled in anticipation of a civil, criminal, or administrative action or proceeding; and other protected health information where access is legally prohibited. Depending on the circumstances, your request to inspect or copy your file may be denied. A decision to deny access may be reconsidered later.

Please contact our office if you have questions regarding access to your medical records.

**2. You have the right to request a restriction of your protected health information.**

You have the right to request that we restrict the use and disclosure of your protected health information for treatment, payment, and health care operations. You may also request that your information not be disclosed to family members or friends who are involved in your healthcare, or for appointment notification purposes.

We are not required to grant your request. If we do grant your request, we will comply with the restriction unless the disclosure is needed to provide emergency treatment.

Please contact our office if you would like to request a restriction. Be sure to tell us whether you want to limit the use or disclosure of your information, what information you want to limit, and to whom the limit should apply.

**3. You have the right to restrict information given to your third-party payer, as long as you pay for all services out of your own pocket.**

If you pay for all services out of your own pocket, you can restrict information about your services from being released to your third-party payer. This is allowable since no claim is being made against the payer.

**4. You have the right to request confidential communications.**

You have the right to request communications from us by an alternative means, or at an alternative location. We will accommodate reasonable requests. We may ask how payment will be handled, or for more specific information about the alternative address or method of contact. We will not require you to give us an explanation.

Please make all requests for confidential communications in writing and send them to our office.

**5. You have the right to have your physician amend your protected health information.**

For as long as we maintain your health information on record, you have the right to request an amendment. If your request is denied, you have the right to file a statement of disagreement. We may prepare a rebuttal, which you will have the right to copy.

Please make all requests for an amendment in writing and send them to our office. Feel free to contact our office with other questions or concerns about your medical record as well.

**6. You have the right to receive an accounting of certain disclosures we have made regarding your healthcare information.**

You have a right to be told about certain disclosures we have made regarding your healthcare information. This right applies to disclosures which occurred for reasons other than treatment, payment, or health care operations. It also excludes disclosures you have already been informed about, or which family or friends involved in your healthcare have been informed about, as well as disclosures made for notification purposes. The right to receive this information may be subject to other limitations as well. Limitations on electronic records may be different from limitations on paper records.

**7. You have the right to receive notice of a security breach.**

We are legally obligated to notify you in the event that your protected health information is breached. The notification will occur by first-class mail within 60 days of the security breach. The notice will explain how the information was breached, when it was breached, what we are doing to investigate the breach and minimize losses, as well as what steps you should take to protect yourself from harm.

**8. You have the right to receive a copy of this notice upon request.**

You are entitled to receive a paper copy of this notice, even if you have already received an electronic copy.

**COMPLAINTS**

If you have any questions or complaints about this notice, if you’ve become aware of a security breach, or if you think your privacy rights have been violated, you are welcome to contact a HIPAA Privacy Officer. HIPAA officers can be reached by email at [OCRPrivacy@hhs.org](mailto:OCRPrivacy@hhs.org), or by phone at (800) 368-1019 or (800) 537-7679

**\*Please note:** this product is not a substitute for professional legal advice. The above information should be up to date but does not guarantee compliance with HIPAA guidelines. It is the practice’s responsibility to read, understand, and comply with HIPAA Privacy Policy.