



## HIPAA NOTICE OF PRIVACY PRACTICES

*Effective Date – September 23, 2013*

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

If you have any questions about this notice, please contact our Privacy Officer at 512-346-6086

### PROTECTED HEALTH INFORMATION (PHI)

PHI is information about you that relates to your past, present, or future physical or mental health or condition and related health care services, including demographic information, that may identify you. This office uses EHR (Electronic Health Records) primarily along with some paper records. We understand that medical information about you and your health is personal and we are committed to protecting this information.

### OUR RESPONSIBILITIES

- To maintain the privacy of your protected health information
- Give you notice of our legal duties and privacy practices regarding health information about you
- Abide by the terms of our notice that is currently in effect
- Notify you and specified authorities of any security breach, i.e. unauthorized acquisition, access, use or disclosure of your medical information that presents a significant risk of financial, reputational or other harm to you, to the extent required by the law

### WAYS WE ARE LEGALLY PERMITTED TO USE AND DISCLOSE MEDICAL INFORMATION ABOUT PATIENTS

The following categories describe the ways we are permitted to use and disclose Health Information (PHI) without patient authorization. The examples given in the categories serve as guidance and do not include every possible use or disclosure.

**For Treatment.** We may use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may communicate Health Information to doctors, nurses, technicians, or other personnel, including people outside of this office, who are involved in your medical care and need the information to provide you with further medical care.

**For Payment.** Your Health Information may be used, as needed, to obtain payment for your health care services. For example, we may need to disclose your medical information to an insurance company or 3<sup>rd</sup> party in order that they will pay for your treatment.

**For Health Care Operations.** We may use or disclose your Health Information for health care business operation purposes. These uses and disclosures are necessary to make sure that all patients receive quality care and to manage

and operate our office efficiently. For example, conducting quality assessment activities, employee review activities, licensing requirements, and auditing of medical records for timely documentation and billing are done as needed. In addition, we may call you by name in the waiting room for identification and office workflow.

**Appointment Reminders, Treatment Alternatives and Health Related Benefit and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. For example, we may provide a written or telephone or e-mail or text reminder that your appointment with us is coming up. We also may use or disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. For example, information on wellness or preventative health options and related services may be offered.

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services. For example, our computer technology support company assists us with medical and billing updates. All our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract with them.

**Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Any and all research projects would go through a special approval process and avoid inclusion of name, address, or other information that reveals who you are.

**As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law or regulation.

#### **OTHER SITUATIONS WHERE WE ARE PERMITTED TO USE AND DISCLOSE MEDICAL INFORMATION:**

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include:

- To prevent or control disease, injury, or disability
- To report reactions to medications or problems with products; notify people of product recalls
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To report births and deaths
- To report child or adult abuse or neglect. To notify appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These agencies include public and private agencies authorized by law to oversee the health care system. j

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose Health Information in response to a court or administrative order, such as a subpoena or lawful process.

**Law Enforcement.** We may release Health Information if asked to do so by a law enforcement official for the following:

- (1) in response to a court order, subpoena, warrant, summons, or similar process
- (2) to identify or locate a suspect, fugitive, material witness, or missing person
- (3) about the victim of a crime
- (4) about a death believed to be the result of criminal conduct
- (5) about criminal conduct on our premises
- (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional facility, we may release Medical Information about you to the correctional facility for the facility to provide you treatment and to protect the health and safety of you and others.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information about you as required by military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Organ and Tissue Donation.** If you have formally indicated your intent to be an organ donor, we may release Health Information to organizations that handle procurement of organ, eye, or tissue transplantations.

**Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release Health Information to funeral directors as necessary for their duties.

**Worker's Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

## **USES AND DISCLOSURES THAT REQUIRE WRITTEN AUTHORIZATION BY THE PATIENT**

**Marketing Purposes.** Uses and disclosures of Protected Health Information for marketing purposes will be made ONLY with your written authorization.

**Sale of PHI.** Uses and disclosures that constitute a sale of Protected Health Information will be made ONLY with your written authorization.

**Other Uses or Disclosures.** Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us, will be made ONLY with your written authorization. If you do give us an authorization to release information, you may revoke it at any time with a written revocation submitted to our Privacy Officer. But any disclosure we made prior to your decision to revoke your authorization, will not be affected by the revocation.

## **INDIVIDUAL PATIENT RIGHTS TO RESTRICT DISCLOSURE OF MEDICAL INFORMATION**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend, or another person you identify, your PHI that directly relates to that person's involvement in your health care. For example, a person you allow to sit in on your appointment with the doctor or staff, is viewed as involved in your medical care. For example, a person making payment of your health care is involved in your billing process. If you do not object to such a disclosure, we may disclose such information as necessary.

**Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy.** You have a right to inspect and receive a copy of Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and receive a copy of this Health Information, you must make your request, in writing, to Dr. Johnson. We have up to 30 days to make your Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed. Another licensed health care professional chosen by Dr. Johnson will review your request and denial. The person conducting the review will not be a person who was involved in the denial, and we will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to Dr. Johnson with a reason that supports your request. Your request may be denied if information was not created by us, or is accurate and complete as is.

**Right to an Accounting of Disclosures.** You have the right to request a list of disclosures made of your medical information for purposes other than treatment, payment, or health care operations. This request must be made in writing to Dr. Johnson, specifying a time period, which may not be longer than 6 years.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. Also, you have the right to request a limit on the PHI we disclose to someone involved in your care or the payment of your care, like a family member or friend.

To request restrictions you must make your request in writing to Dr. Johnson. In your request, you should indicate: 1) what information you want to limit and 2) to whom you want the limits to apply and 3) for how long. We are not required to agree to your request unless the request pertains solely to a healthcare item or service for which you have paid us "out of pocket" in full. Should we agree to your request, Dr. Johnson will comply unless the information is needed to provide you emergency treatment.

**Out-of-Pocket Payments.** If you paid "out-of-pocket" (i.e. you have requested that we not bill your health plan), and have paid in full for a specific item or service, you have the right to ask that your PHI, with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. To request communication in a certain manner, you must make your request in writing to Dr. Johnson. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Get Notice of Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.

## **CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will date and post the amended Notice of Privacy Practices in our office and on our website. You may request a paper copy be provided to you by contacting the Privacy Officer.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of Health & Human Services, Office for Civil Rights, US Dept of Health and Human Services.

To file a complaint with this office, contact the Privacy Officer at 512-346-6086. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred.

*You will not be penalized for filing a complaint.*