



## Summary of Notice of Privacy Practices

This Summary is provided to assist you in understanding the Notice of Privacy Practices

**The following is a brief summary of your rights and our responsibilities as detailed in the attached Notice of Privacy Practices (the "Notice"). This Summary is for your convenience and is not a substitute for reading the entire Notice and does not modify the terms of the Notice.**

1. **Uses and Disclosures of Your Health Information.** We may use the information we develop and collect for treatment by our practice or disclose the information to others to whom we refer you for treatment, for payment for these services and for certain health care "operations" such as improving the competence and quality of our staff and business planning and management. We may disclose your information to our business associates such as transcriptionists, billing services and others who assist in the operations of our practice. We may call you to remind you of appointments and may leave a message on your answering machine if you have one. We may also use your information to recommend products or services related to your care but will not use or disclose your medical information for marketing purposes without your written authorization.
2. **Uses and Disclosures Based on Your Authorization.** Except as described in the Notice, we will not use or disclose your medical information without your written authorization. You can revoke an authorization at any time, except to the extent that we have already taken action in reliance on the authorization.
3. **Uses and Disclosures Not requiring Your Authorization.** Your medical information may be disclosed without your authorization as required by law, for public health purposes, healthcare oversight, including audits and investigations, judicial and administrative proceedings, subject to the limits imposed by state and federal law, and certain other purposes. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
4. **Your Health Information Rights.** You have a number of rights under state and/or federal law which are subject to the terms and conditions specified in the Notice:
  - a. You may request restrictions on certain uses and disclosures of your information
  - b. You may request that you receive your information from us in a certain way
  - c. You may inspect and copy your medical records
  - d. You may request an amendment to any record you believe is inaccurate
  - e. You may request an accounting of disclosures made of your records

**Changes to the Notice.** We reserve the right to change the Notice. If we do so, we will post it in our office, and on our website, and provide a copy upon request.

**Complaints.** You may file a complaint to our Privacy Official or with the federal government as detailed in the Notice. You will not be penalized for filing any complaint.

# **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

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.

## **Our Legal Duty**

We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We must abide by the terms of this Notice while it is in effect. However, we reserve the right to change the terms of this Notice and to make the new notice provisions effective for all of the protected health information that we maintain. If we make a change in the terms of this Notice, we will notify you in writing and provide you with a paper copy of the new Notice, upon request.

## **Uses and Disclosures**

There are a number of **situations in which we may use or disclose** to other persons or entities your confidential health information. Certain uses and disclosures will require you to sign an acknowledgement that you received this Notice of Privacy Practices. These include treatment, payment, and health care operations. Any use or disclosure of your protected health information required for anything other than treatment, payment or health care operations requires you to sign an Authorization. Certain disclosures that are required by law, or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.

We will attempt in good faith to obtain your signed Acknowledgement that you received this Notice to use and disclose your confidential medical information for the following purposes. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided Consent.

Treatment. *Example:* We may use your health information within our office to provide health care services to you or we may disclose your health information to another provider if it is necessary to refer you to them for services.

Payment. *Example:* We may disclose your health information to a third party such as an insurance carrier, an HMO, a PPO, or your employer, in order to obtain payment for services provided to you.

Health Care Operations. *Example:* We may use your health information to conduct internal quality assessment and improvement activities and for business management and general administrative activities.

Appointment Reminders. *Example:* Your name, address and phone number and health care records may be used to contact you regarding appointment reminders (such as voicemail messages, postcards or letters), information about alternatives to your present care, or other health related information that may be of interest to you.

In the following cases we never share your information unless you give us written permission: Marketing purposes, sale of your information, most sharing of psychotherapy notes. In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

There are certain circumstances under which we may use or disclose your health information **without first obtaining your Acknowledgement or Authorization:**

Those circumstances generally involve public health and oversight activities, law-enforcement activities, judicial and administrative proceedings, and in the event of death. Specifically, we may be required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases or HIV/AIDS status. We may also be required to report instances of suspected or documented abuse, neglect or domestic violence. We are required to report to appropriate agencies and law-enforcement officials information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. We must also provide health information when ordered by a court of law to do so. We may contact you from time to time to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You should be aware that we utilize an "open adjusting room" in which several people may be adjusted at the same time and in close proximity. We will try to speak quietly to you in a manner reasonably calculated to avoid disclosing your health information to others; however, complete privacy may not be possible in this setting. If you would prefer to be adjusted in a private room, please let us know and we will do our best to accommodate your wishes.

**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 protected health information 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 protected health information 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. Finally, we may use or disclose your protected health information 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 healthcare=



# Patient Rights

## **General Statement**

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Practice personnel will recognize, uphold and enforce all patient rights established by the HIPAA Privacy rules, and as set forth in this Section D of the Manual.

## **Right to Notice**

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All patients of the Practice have a right to receive a notice of the Practice's privacy policies and procedures. The Practice will prepare and post a notice of privacy practices. This notice will be provided to all patients on their first visit to the Practice after April 14, 2003. The notice will be posted in the Practice's lobby or reception area in a location accessible to all patients. If the practice maintains a website, the notice of privacy practices will be posted on the website.

## **Right to Request Restrictions**

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### **General Statement.**

Patients have a right to request that the Practice restrict the uses or disclosures of patient health information to carry out treatment, payment or health care operations, and have a right to request that the Practice restrict disclosures made to family, relatives and close personal friends.

### **Written Request.**

Patients who request restrictions on the use or disclosure of their health information will be asked to fill out the Restriction Request Form as found in Appendix K.

### **Procedure.**

If the Practice receives a written request to restrict the uses and disclosure of patient health information, the request will be referred to the privacy officer for handling. The privacy officer will notify that patient in writing within a reasonable time as to whether the Practice will agree to the restriction. If the privacy officer advises the patient that it will not agree to the restriction, no further action is necessary. If the Practice advises the patient that it will abide by the restriction, a notation will be made prominently in the patient's chart, and the Practice will abide by that restriction from that date forward.

### **Disclosures Required by Law.**

The Practice will not agree to restrict disclosures of health information that are required by law.

### **Termination of Restrictions.**

If the Practice has agreed to a restriction on uses or disclosures of health information, it may terminate that agreement by advising the patient in writing that the termination will only be effective with respect

to health information created or received after written notification to the patient. As to health information created or received prior to that date, the restriction must be followed.

**Documentation.** All patient requests for restrictions along with the Practice's response thereto, shall be kept for a minimum of six (6) years from the date of the document(s).

## **Right to Confidential Communications**

### **General Statement.**

Patients have a right to request reasonable accommodations in receiving communication of their health information by alternative means or alternative locations.

### **Written Request.**

Patients who request confidential communications will be asked to fill out the Request for Confidential Communications form, as found in Appendix L.

### **Procedure.**

Upon receipt of a request for confidential communications, the privacy officer will evaluate the request. If the request is reasonable, the privacy officer will note the request prominently in the patient's chart and adhere to the request. For example, if the patient requests that all communications be sent to an address different than the patient's home address, the Practice will adhere to that request and note it in the patient's chart. If the request is not reasonable, the privacy officer will notify that patient that the request has been rejected.

### **Conditions to Providing Confidential Communications.**

As a condition to providing confidential communications at the patient's request, the Practice may require that the patient provide assurances as to how payment for services will be provided.

### **No Demand for Explanations.**

The Practice may not require an explanation from patients as to the reason for requesting confidential communications.

### **Documentation.**

All patient requests for confidential communications, along with the Practice's response thereto, shall be kept for a minimum of six (6) years from the date of the document(s).

## **Right to Access**

**General Statement.** Patients have a right to inspect and obtain a copy of their health information except as noted herein.

**Procedure.** The Practice may require that the patient request in writing to have access to his/her health information. Upon receipt of such a request, the Practice will provide the patient with an opportunity to inspect his or her health information within the following time frames:

- For records that are maintained on site, the Practice will provide access within 30 days from the receipt of the request from the patient;

The Practice will provide the patient with the health information in a readable form including access to HER and other electronic records in the electronic form and format requested by the individual if the records are readily reproducible in that format. Otherwise the records must be provided in another mutually agreeable electronic format. Hard copies are permitted only when the individual rejects all readily reproducible e-formats. The Practice may provide the patient with a summary of the health information in lieu of providing access to the records themselves if and only if the patient agrees to receiving a summary and the patient agrees in advance to paying the fees imposed, if any, for the Practice providing the summary.

The Practice will provide a convenient time and place for the patient to inspect his/her health information or to obtain a copy of the information. This may include simply mailing a copy of the information to the patient if that is acceptable to the patient.

The Practice may charge a reasonable, cost-based fee for providing the patient with access to his/her health information. That fee may include copying charges, including the cost of supplies for and labor of copying. The Practice may also charge postage if the patient has requested that the information be mailed. If the patient has agreed to a summary, the Practice may charge the costs of preparing the summary.

All requests by patients for access to health information will be referred to the privacy officer. In those circumstances in which access to health information is denied, the privacy officer will determine if some part of the patient's record may be disclosed without objection. If so, that portion of the record may be disclosed. As to all other parts of the record for which access is denied, the privacy officer will provide a timely, written denial to the patient stating the basis for the denial and, if applicable, the patient's right to have the denial reviewed. The written notice must also explain to the patient that they may complain regarding the denial of access either to the Practice or to the Secretary of HHS. This notice will include the name, title and telephone number of the privacy officer.

All documentation regarding patient requests for access and any denials thereof, or any other documentation maintained under this subsection, must be retained by the Practice for a minimum of six (6) years from the date of the document(s).

### **Denial of Access.**

Unreviewable grounds for denial. The Practice may deny patients access to health information that is created, maintained or is otherwise subject to the Clinical Laboratory Improvements Amendments of 1988 (CLIA) to the extent that providing access would be prohibited by that law, or where such information is made exempt under the CLIA law. In addition, a patient who is part of a research program may have his/her right of access temporarily suspended for as long as the research is in progress, provided that the patient has agreed to the denial of access at the time that he/she consented to participate in the research.

### Reviewable grounds for denial.

The Practice may deny the patient access to his/her health information if the Practice reasonably believes that such access is likely to endanger the life or physical safety of the patient or another person, or that the information makes

reference to another person and the Practice believes that allowing access may cause substantial harm to that person.

The Practice may deny access to a guardian, conservator or parent where the practice believes that such a person is likely to cause substantial harm to the patient or another person by having access to the patient's health information.

If access to the patient's health information is denied for the above reasons, the patient has a right to have the denial reviewed by a licensed health care professional designated by the Practice as a reviewing official. This health care professional must be someone who did not participate in the original decision to deny access. The Practice will abide by the decision of that reviewing health care professional, to either grant or deny access to the patient.

## **Right to Amend**

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**General Statement.** Patients have a right to request that the Practice amend their health information.

**Procedure.** The Practice will follow the following procedures when a request to amend is received from a patient.

**Written request.** Patients who request amendments or corrections to their health information will be asked to fill out the Request for Correction/Amendment of Health Information form, as found in Appendix J. The requests will be referred to the privacy officer.

**Response to the patient's request.** After a reasonable investigation, the privacy officer will determine whether the practice will grant or deny the request to amend. The privacy officer will respond in writing to the patient's request within 60 days from the date of the request by either granting the amendment, or advising the patient of the denial of the request, as described below.

**Acceptance of amendment.** If the Practice accepts the patient's request for amendment, it will amend the patient's record and provide an appropriate link or reference to the location of the amendment. The Practice will also make reasonable efforts to provide the amendment within a reasonable time to those persons identified by the patient as having received health information about the patient and who need the amendment, and those persons, including business associates, who the Practice knows may have relied upon the information that is subject to the amendment.

**Denial of amendment.** If the Practice determines to deny an amendment, it must provide the patient with a timely, written denial stating the basis for the denial, with the patient's right to submit a statement disagreeing with the denial and how the patient may file that statement. In addition, the Practice must inform the patient that he/she may request that the Practice provide a

copy of the patient's request for amendment and the denial with any future disclosures of health information regarding the patient. The Practice must advise the patient that he/she is entitled to make a complaint and how such complaints may be submitted to the Practice or Secretary of HHS. This notice must include the name or title and telephone number of the Practice's privacy officer. If the patient, upon denial of the request to amend, submits a written statement disagreeing with the denial, the Practice must include that statement with the patient's records and include that statement with any subsequent disclosure of the patient's health information to which that disagreement relates.

The Practice may deny a patient's request for amendment if the privacy officer determines that the health information subject to the request –

- was not created by the Practice;
- is not part of the patient's chart;
- would not be available for inspection under the provisions of this Manual; or
- is accurate and complete

**Documentation.** All patient requests to amend their health information, along with the Practice's response thereto, shall be kept for a minimum of six (6) years from the date of the document(s).

## **Right to an Accounting**

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**General Statement.** Patients have a right to receive an accounting of disclosures of their health information made by the Practice and its business associates in the six (6) years prior to the date the accounting is requested.

**Procedure.** Patients requesting an accounting will be asked to make the request in writing. All requests for an accounting will be referred to the privacy officer. In responding to such requests, the privacy officer will follow the following procedures:

- 7.2.1 The privacy officer will respond to the patient's request no later than 60 days from the receipt of the request by providing the patient with a written accounting using the form in Appendix G.
- 7.2.2 The Practice will retain a copy of all requests for accountings from patients as well as the accounting provided by the Practice to the patient for a minimum of six (6) years from the date of the document(s).

**Suspension of the Right to an Accounting.** The Practice may temporarily suspend the patient's right to receive an accounting of disclosures made to a health oversight agency or a law enforcement official for the time specified by that agency or official if giving the accounting would impede the agency's activities.

**Exceptions.** Patients shall have no right to an accounting as to disclosures –

- To carry out treatment, payment or health care operations (as defined in Appendix H);
- To the patient;
- Incident to a use or disclosure otherwise permitted by this Manual or the HIPAA Privacy Rules;
- Pursuant to an authorization signed by the patient;
- To correctional institutions or law enforcement officials; or
- That occurred prior to April 14, 2003.

## **Waivers of Patient Rights and Non-Retaliation**

**No Waivers of Privacy Rights.** No patient or prospective patient will be asked to waive their rights under the HIPAA Privacy Rules as a condition to receiving health care services from the Practice.

**Non-Retaliation Policy.** Practice personnel will not intimidate or retaliate against patients who seek to inquire about, enforce or complain regarding their rights under the HIPAA Privacy Rules or this Manual.