

Notice of Privacy Practices

The Health Insurance Portability and Privacy Act of 1996 (HIPAA) is a federal program that requires that all medical records in individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significantly new rights to control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information (PHI).

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations, (TPO).

Treatment means providing, coordinating or managing health care and related services by one or more health care providers. Examples of this would include a physical examination, consultation or a referral.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

Health care operations include the business aspect of running our practice such as conducting quality assessment and improvement activities, auditing functions, cost management analysis and case management. An example would be internal quality assessment review

Other uses and disclosures may include the following:

We may also create and distribute identifiable health information by removing all references to individually identified information.

We may disclose PHI to another covered entity for any health care operation. An example of this would be laboratory or hospital outpatient procedures, and or disclosures for certain public health purposes as required by law.

We may contact you at home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in caring out TPO, such as appointment reminders, insurance items and any call pertaining to clinical care, including laboratory results among others. We may mail to your home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards.

Any other uses in disclosures may be made only with you written authorization. You may revoke such authorization in writing and we are required to honor and abide by written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information (PHI), which you can exercise by presenting a written request.

The right to request restrictions on certain uses and disclosures of PHI including those related to disclosures to family members, other relatives, close personal friends, or other persons identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable request to receive confidential communications of PHI from us by alternative means or at alternative locations.

The right to inspect and copy your PHI with written notification at a time and date deemed appropriate. A reasonable fee for copies may be charged.

The right to request in writing an amendment for corrections of erroneous or incomplete information in your medical record.

The right to receive an accounting of disclosures of PHI (except for TPO or disclosures made pursuant to authorization).

The right to obtain a paper copy of this notice from us upon request.

The right to request restriction of use or disclosure for TPO.

This notice is effective April 1, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and make the new notice provisions effective for all PHI that we maintain.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with our office or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office.

For more information about HIPAA contact:

The US Department of Health and Human Services
Office of Civil Rights
200 Independent Avenue Southwest
Washington, D.C. 20201