

Original HIPAA Notice Dated: 04/14/2003

Updated: 09/02/2013

**PATIENT PRIVACY RIGHTS AT THE PRACTICE OF
WILLIAM E. FREEMAN, M.D.**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this legal notice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at that time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times and you may request a copy of our most current Notice at any time.

**B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:
Brenda Arrington, Office Manager, Privacy/Security Officer**

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IHI) OR OTHER WISE KNOWN AS PERSONAL HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

1. **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use you PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice- including but not limited to, our doctors and nurses-may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

Business Associates who provide a service on behalf of a covered entity and receive PHI from or on behalf of a covered entity are directly subject to the HIPAA privacy and security rules.

4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment. We may use an outside (HIPAA compliant) source for this reminder.
5. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

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6. **Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.
8. **Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required by federal, state or local law.
9. **Lab/Test Results.** Our practice may disclose your PHI to an outside (HIPAA compliant) source that provides your test results to you via computer or phone activated systems.

D. USE AND DISCLOSURE OF YOUR PHI/IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. **Public Health Risks.** Our practice may disclose your PHI/IIHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

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2. **Health Oversight Activities.** Our practice may disclose your IIHI/PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI/PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may disclose your IIHI/PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release IIHI/PHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from a crime conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

OPTIONAL

5. **Deceased Patients.** Our practice may release IIHI/PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

OPTIONAL

6. **Organ and Tissue Donation.** Our practice may release your IIHI/PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

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7. **Research.** Our practice may use and disclose your IIHI/PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (I) the information being sought is necessary for the research study; (II) the use or disclosure of your IIHI/PHI is being used only for research and (III) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.
8. **Serious Threats to Health or Safety.** Our practice may use and disclose your IIHI/PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to prevent the threat.
9. **Military.** Our practice may disclose your IIHI/PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security.** Our practice may disclose your IIHI/PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI/PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
11. **Inmates.** Our practice may disclose your IIHI/PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
12. **Workers' Compensation.** Our practice may release your IIHI/PHI for workers' compensation and similar programs.

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E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI/PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Brenda Arrington, Office Manager, Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions.

You have the right to request a restriction in our use or disclosure of your IIHI/PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI/PHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. If we do agree with your request we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI/PHI you must make your request in writing to Brenda Arrington, Office Manager/Privacy Officer. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted
- (b) whether you are requesting to limit our practice's use, disclosure or both
And
- (c) to whom you want the limits to apply.

Disclosure to Health Plans: At an individual's written request to Office Manager/Privacy Officer, our office will not disclose your individual PHI to a health plan, if the disclosure is not required by law, the request relates to payment or health care operations, and the individual has paid for the item or service out of pocket in full. This request will be documented and no claims will be submitted by the provider to the patient's insurer.

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Decedents:

Our office may disclose the IIHI/PHI of a decedent to family members of the decedent who were involved in the person's care prior to his or her death, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the covered entity.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI/PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Brenda Arrington, Office Manager/Privacy Officer in order to inspect and/or obtain a copy of your IIHI/PHI within 30 days of your request. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

An individual may request a copy of IIHI/PHI that is maintained electronically and we must, with limited exception, give the individual access to the IIHI/PHI in an electronic format.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be in writing and submitted to Brenda Arrington, Office Manager/Privacy Officer. You must provide us with a reason that supports your request for an amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI/PHI kept by or for the practice; (c) not part of the IIHI/PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

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5. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your IIHI/PHI for non-treatment or operations purposes. Use of your IIHI/PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Brenda Arrington, Office Manager/Privacy Officer. All Requests for an “accounting of disclosures” must state a time period, which may not be longer than 6 (six) years from the date of disclosure and may not include dates before the date of this notification July 2013. The first list you request within a 12 month period is free of charge, but our practice may charge you for additional lists within the same 12 month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of this Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact Brenda Arrington, Office Manager/Privacy Officer.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Brenda Arrington, Office Manager/Privacy Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI/PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI/PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

9. Sale, Fundraising, Research and Marketing use of your IIHI/PHI.

Our practice will obtain an individual authorization for the sale of IIHI/PHI, with some exceptions, including disclosures for payment or treatment or permitted disclosures to patients in exchange for a reasonable fee.

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Our practice will give individuals the opportunity to opt-out of receiving any further fundraising communications sent by our practice.

Our practice will obtain a combined authorization for the disclosure of IIHI/PHI for research purposes that requires the signing of that form for the patient to be treated with an authorization for the use of IIHI/PHI for other purposes that does not include the same conditions, the authorization will allow the individual to opt in to the unconditioned activities, and the research does not involve the use or disclosure of psychotherapy notes. This authorization may also encompass future research.

Our practice will obtain written authorization prior to sending marketing communications to the individual. Marketing may encompass communications by our practice for purposes of treatment and health care operations about health related products or services if our practice receives financial remuneration from or on behalf of a third party whose product or service is being described or used.

Note: It is not the usual practice of our facility to participate in any sale, fundraising, research or marketing that involves use of IIHI/PHI.

F. BREACH NOTIFICATION:

You will be notified if this office believes there has been an acquisition, access, use or disclosure of your IIHI/PHI. A breach under HIPAA is presumed unless it is determined that there is a low probability that the IIHI/PHI has been compromised on a four-factor risk assessment:

1. The nature and extent of the IIHI/PHI involved;
2. The unauthorized person who used the IIHI/PHI or to whom the disclosure was made;
3. Whether IIHI/PHI was actually acquired or viewed; and
4. The extent to which the risk to IIHI/PHI has been mitigated (e.g. assurances from trusted third parties that the information was destroyed).

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Brenda Arrington, Office Manager/Privacy Officer**.