

Questions & Answers about Notice of Privacy Practices

Q: What is the Notice of Privacy Practices?

A. In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). The privacy component of this law, also known as the Privacy Rule, became effective April 14, 2003, and requires us to notify you of our responsibilities and your rights under this law.

Q: What is considered Protected Health Information (PHI)?

A. Protected Health Information includes your name, address, telephone number, social security number, health insurance contract number, and other health and payment related information.

Q: Did our office just recently begin protecting my information because of this new law?

A. No. We have had policies in place for many years protecting the release of your health care information. However, HIPAA now requires the health industry to further protect your information, while providing you additional rights.

Q: I am the policyholder, but my spouse usually handles our health care matters – what do I need to do for my spouse to continue to have access to our health care information?

A. Please contact us and request an Access Authorization form. Please complete, sign the form, and return it to us. Upon receipt of the completed form, your spouse may then ask about billing, coverage and/or claims information, Note: if your coverage includes dependents over the age of 18, each dependent must call to request the Access Authorization form.

Q: I am elderly and I have a relative who calls on my behalf to handle my health care questions. How can I continue to have access their health care information?

A. The person that you care for must complete the Access Authorization form and send it to us, authorizing us to release protected health information to you. Upon our receipt of the completed form, you may access this person's information.

Q: If I have a Power of Attorney on file, do I need to sign an Access Authorization?

A. No. If we have a valid Power of Attorney on file you will not need to submit an Access Authorization form.

1. General Statement

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.

2. Right to Notice

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.

3. Right to Request Restrictions

- 3.1 **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.
- 3.2 **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.
- 3.3 **Procedure.** If the Practice receives a written request to restrict the uses and disclosures of patient health information, the request will be referred to the privacy officer for handling. The privacy officer will notify the 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.
- 3.4 **Disclosures Required by Law.** The Practice will not agree to restrict disclosures of health information that are required by law.
- 3.5 **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.
- 3.6 **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).

4. Right to Confidential Communications

- 4.1 **General Statement.** Patients have a right to request reasonable accommodations in receiving communications of their health information by alternative means or at alternative locations.
- 4.2 **Written Request.** Patients who request confidential communications will be asked to fill out the Request for Confidential Communications form, as found in Appendix L.
- 4.3 **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 the patient that the request has been rejected.
- 4.4 **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.
- 4.5 **No Demand for Explanations.** The Practice may not require an explanation from patients as to the reason for requesting confidential communications.
- 4.6 **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).

5. Right to Access

- 5.1 **General Statement.** Patients have a right to inspect and obtain a copy of their health information except as noted herein.
- 5.2 **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;
 - For records not maintained on site, the Practice will provide access within 60 days of the date of receipt of the request from the patient.
- 5.2.1 The Practice will provide the patient with the health information in readable hard copy form. 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.
- 5.2.2 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.
- 5.2.3 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.
- 5.2.4 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.

- 5.2.5 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).

5.3 **Denial of Access.**

- 5.3.1 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.

5.3.2 Reviewable grounds for denial of access.

5.3.2.1 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.

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

5.3.2.3 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.

6. Right to Amend

- 6.1 **General Statement.** Patients have a right to request that the Practice amend their health information.
- 6.2 **Procedure.** The Practice will follow the following procedures when a request to amend is received from a patient.
- 6.2.1 **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.
- 6.2.2 **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.
- 6.2.2.1 **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.
- 6.2.2.2 **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, 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 such statement with the patient's records and include that statement with any subsequent disclosure of the patient's health information to which the disagreement relates.

6.2.3 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.

6.3 **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).

7. Right to an Accounting

- 7.1 **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.
- 7.2 **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).
- 7.3 **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.
- 7.4 **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

8. Waivers of Patient Rights and Non-Retaliation

- 8.1 **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.
- 8.2 **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.

AUTHORIZATION FOR RELEASE OF INFORMATION

Section A: Must be completed for all authorizations

I hereby authorize _____ [insert name of Doctor or Practice] and/or his/her/its staff to disclose my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Patient name: _____ **Date of birth:** _____
Persons/organizations receiving the information: _____

Specific description of information to be used or disclosed (including date(s)): _____

Section B: Must be completed only if a health plan or a health care provider has requested the authorization.

1. The health plan or health care provider must complete the following:
 - a. What is the purpose of the use or disclosure: _____

(no purpose need be stated if the request is made by the patient and the patient does not wish to state the purpose)
 - b. Will the health plan or health care provider requesting the authorization receive financial or in-kind compensation in exchange for using or disclosing the health information described above? Yes ____ No ____
2. The patient or the patient's representative must read and initial the following statements:
 - a. I understand that my health care and the payment for my health care will not be affected if I do not sign this form. Initials: _____
 - b. I understand that I may see and copy the information described on this form if I ask for it, and that I will receive a copy of this form after I sign it.
Initials: _____

Section C: Must be completed for all authorizations

The patient or the patient's representative must read and initial the following statements.

1. I understand that this authorization will expire on __ / __ / ____ (DD/MM/YYYY) Initials: _____
2. I understand that I may revoke this authorization at any time by notifying _____ [insert name of Practice] in writing, but if I do it won't have any affect on any actions taken before receipt of my revocation. Initials: _____

_____ [insert name of Doctor or Practice] will not condition my treatment on whether I provide authorization for the requested use or disclosure except (1) if my treatment is related to research, or (2) health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.

The use or disclosure requested under this authorization will result in direct or indirect remuneration to my doctor from a third party. **[If applicable because the authorization is obtained for marketing purposes.]**

Signature of patient or patient's representative _____ **Date** _____
(Form MUST be completed before signing.)
Printed name of patient's representative (if applicable): _____
Relationship to the patient (if applicable): _____

* YOU MAY REFUSE TO SIGN THIS AUTHORIZATION *

APPENDIX A

Notice of Privacy Practices*

* Appendix A includes both a summary notice (one page) as well as a complete Notice of Privacy Practices (four pages). The Practice may use the summary notice together with the complete notice, or may simply use the complete notice alone. It is not sufficient, however, to use only the summary notice alone.

SUMMARY OF NOTICE OF PRIVACY PRACTICES

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

The attached Notice of Privacy Practices contains a detailed description of how our office will protect your health information, your rights as a patient and our common practices in dealing with patient health information. Please refer to that Notice for further information.

Uses and Disclosures of Health Information. We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Based on Your Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care;
- For certain limited research purposes;

- For purposes of public health and safety;
- To Government agencies for purposes of their audits, investigations and other oversight activities;
- To government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Patient Rights. As our patient, you have the following rights:

- To have access to and/or a copy of your health information;
- To receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices.

If you have a question, concern or complaint regarding our privacy practices, please refer to the attached Notice of Privacy Practices for the person or persons whom you may contact.

[Insert name of Practice]

NOTICE OF PRIVACY PRACTICES

**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. THE PRIVACY OF YOUR MEDICAL
INFORMATION IS IMPORTANT TO US.**

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **April 14, 2003**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.
