

**Original Effective Date: April 14, 2003**

**Plum Creek Medical Group**

**Notice of Privacy Practices**

(Put this on the front of the Pamphlet)

(Put this inside of the pamphlet)

**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.**

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

**I. Our Commitment to Protecting Health Information About You**

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI". This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.
- Notify you if we are unable to agree to your requested restriction on use/disclosure.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Train our personnel concerning privacy and confidentiality
- Attempt to lessen the harm of any breach of privacy or confidentiality.

**We reserve the right to change this Notice and to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.**

We will post a copy of the current Notice in the facility. The Notice will include information on the effective date. The most current Notice will always be available at our office and you may request a copy of the most current Notice. We will not use or disclose your health information without your authorization, except as described in this Notice or otherwise required by law.

**Understanding your Health Record Information**

Each time you visit a doctor, hospital or other healthcare provider, a record of your visit is made. Usually, this record sets forth your past health history, symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your "health or medical record" or "designated record set", includes your medical record and financial record, which may be in paper or electronic form. Your medical record serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who participate in your care.
- Legal document describing the care you received.

- Means by which you or a third party payer, such as your insurance company, can verify that services billed were actually provided.
- A tool to educate health providers
- A source of data for medical research
- A source of data for facility planning and marketing
- A tool to improve the quality of care and to improve patient outcomes.

Understanding what is in your record and how your health information is used helps you to:

- Assess and improve its accuracy
- Better understand who, what, when, where and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others
- Better understand your rights as to your health information

## **II. Your Health Information Rights**

Your health record is the physical property of the provider, but the information belongs to you. You have the right to:

- In writing request (but not require) a restriction on routine uses and disclosures of your information used for treatment, payment and health operations as described in this Notice.
- A paper copy of this Notice upon request
- Inspect and copy your health or medical record upon request.
- Amend your health or medical record in some cases. If we amend or correct records, we will distribute the amendments and corrections to those who need them and to those whom you identify that you wish to receive the new information
- Obtain an accounting of non-routine disclosures of your health information
- Request that we communicate with you in a certain way or at a certain location
- Object to and limit use of your health information in our facility directory or discussions to your family
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken on your authorization

### **Your rights do not include:**

The right to request restriction on uses or disclosures:

- Permitted or required to you
- Not requiring consent or an authorization, for example, reports required by law such as mandatory communicable disease reporting, abuse reporting, etc.

Forcing us to agree to a restriction on uses or disclosures for treatment, payment, or healthcare operations. If we do agree, we will adhere to it unless you request otherwise or we give you advance notice.

A right to inspect and copy the following:

- Psychotherapy notes that are separated from the rest of your medical record
- Information compiled in reasonable anticipation of or for use in civil, criminal or administrative proceedings or actions
- Certain information if access by you would be prohibited by law
- Information obtained from someone other than a healthcare provider under a promise of confidentiality and access requested would be reasonably likely to reveal the sources of information.

To force us to amend or correct your medical record if:

- We did not make the record. In that case, you should ask the person who made the record to correct or amend it; or
- The records are not available to you; or
- The record is accurate and complete.

Forcing an accounting for uses and disclosures:

- Starting with the section on Examples of disclosures for Treatment, Payment and Healthcare Operations through the section on the use of the medical information.
- For national security or intelligence purposes
- To correctional institutions or law enforcement officials.
- For any uses or disclosures before April 14, 2003.

### **III. Examples of disclosures for Treatment, Payment and Health Operations**

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

#### **We will use your health information for treatment.**

- For Example: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others.
- We may use and disclose PHI when you need a prescription, lab work, an x-ray, or other health care services.
- We may use and disclose PHI about you when referring you to another health care provider. For example if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications.
- We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you.

#### **We will use your health information for payment.**

##### For Example:

- We may send a bill to you or a third-party payer like and insurance company. The information on or with bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- We will also provide necessary information to other healthcare providers for their billing purposes. For example: a patient is admitted through the clinic to the hospital. Some of the information collected by us will be provided to the hospital for billing purposes.
- We will send information to a collection agency, which will include information that identifies you.

## **We will use your health information for regular healthcare operations.**

We will use your health information to improve safety and care and to manage risk.

- For Example: Members of the medical staff and others whose job involves risk management or quality improvement may use information in your health or medical record to review the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

## **We will also use your medical information as follows:**

### **1. Business Associates**

- For Example: Some services are provided in our facility organization through contracts with other persons or organizations, known as “business associates”. For example, physicians’ services in radiology and emergency rooms or a service that copies records. To protect your health information, however, we require the business associates to appropriately safeguard your information.

### **2. Communication with Family**

- For Example: Unless you object, we may release medical information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

### **3. Research**

- For example: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

### **4. Coroner, medical examiners and funeral directors**

- For example: We may release medical information to a coroner or medical examiner. This could be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

### **5. Appropriate appointment reminders**

- For example: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **6. Public health purposes**

- For example: We may disclose medical information about you for public health activities or as authorized by law. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls or products they may be using; 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 notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

## **7. Workers Compensation**

- For example: We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **8. Correctional Institution**

- For example: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement officials as necessary; for your health and safety and that of others.

## **9. Law Enforcement**

- For example: We may release medical information when required to do so by law or in response to valid court process.

## **10. Health Oversight Agencies**

- For example: If a member of our workforce or business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, he or she may disclose health information to health oversight agencies and/or public health authorities.

## **11. The United States Department of Health and Human Services ("DHHS")**

- For example: Under the privacy standards, we must disclose your health information to DHHS as is needed by them to determine our compliance with federal privacy standards.

## **IV. Denials and Appeals**

If we deny you access to records, we will provide you with a review of the denial decision. Grounds for denial that are reviewable are:

- Access is reasonably likely to endanger the life or safety of you or another person.
- The medical information includes references to another person (other than your health care providers) and a licensed healthcare provider has determined in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to another person.
- A licensed healthcare professional has determined that the request of your personal representative and providing of access to your personal representative to your health care information is reasonably likely to cause substantial harm to you or to another person.

If we deny you access, we will tell you what your rights are.

If we deny your request for amending or correcting the records, you may attach a statement of disagreement to your records. We may also attach a statement that discusses your attached statement.

## **V. Copy Fees**

If you are given access to your medical record, we have the right to charge a reasonable, cost-based fee for making copies.

## **VI. For More Information or to report a Concern**

If you have questions about this Notice and would like additional information you may contact the Privacy Officer at extension 601 or address P.O. Box 797.

All complaints/requests must be submitted in writing to Carol Meyer.

