

NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the health care provider has created this Notice of Privacy Practices (Notice). This Notice describes the health care provider's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the health care provider protect the privacy of your PHI that the health care provider has received or created.

This health care provider will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below, the health care provider will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **The health care provider reserves the right to change the health care provider's privacy practices and this Notice.** Revisions to the Notice will be posted in the health care provider and upon your request, provided to you in a paper format.

HOW THE HEALTH CARE PROVIDER MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that the health care provider is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We will use the PHI that we receive from you to coordinate or manage your health care.

Uses and disclosures of PHI for Payment: The health care provider will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Uses and disclosures of PHI for Health Care Operations: The health care provider will use your PHI to conduct quality assessments, improvement activities, and evaluate the health care provider workforce.

The following is an accounting of additional ways in which the health care provider is permitted or required to use or disclose PHI about you without your written authorization.

Uses and disclosures as required by law: The health care provider is required to use or disclose PHI about you as required and as limited by law.

Uses and disclosure for Public Health Activities: The health care provider may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability.

Uses and disclosure about victims of abuse, neglect or domestic violence: The health care provider may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities: The health care provider may use or disclose PHI about you to a health oversight agency for oversight activities that it is authorized by law to conduct.

Disclosures for judicial and administrative proceedings: The health care provider may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the health care provider.

Disclosures for law enforcement purposes: The health care provider may disclose PHI about you to law enforcement officials for authorized purposes.

Uses and disclosures about the deceased: The health care provider may disclose PHI about the deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaveric organ, eye or tissue donation purposes: The health care provider may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Uses and disclosures for research purposes: The health care provider may use and disclose PHI about you for research purposes with a valid waiver of authorization from the research board. Otherwise, the health care provider will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: The health care provider may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Disclosure for workers' compensation: The health care provider may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: The health care provider may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

Disclosures to business associates: The health care provider may disclose PHI about you to the health care provider's business associates for services that they may provide to or for the health care provider.

OTHER USES AND DISCLOSURES

The health care provider may contact you for the following purposes:

Appointment reminders: The health care provider may contact you to remind you of your appointment and rescheduling date and time.

Information about treatment alternatives: The health care provider may contact you to notify you of alternative treatments and/or products.

Health related benefits or services: The health care provider may use your PHI to notify you of benefits and services the health care provider provides.

Fundraising: If the health care provider participates in a fundraising activity, the health care provider may use demographic PHI to send you fundraising packet, or the health care provider may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization.

FOR ALL OTHER USES AND DISCLOSURES

The health care provider will obtain a written authorization from you for all other uses and disclosures of PHI, and the health care provider will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Dr. Cary Ganz.

YOUR HEALTH INFORMATION RIGHTS

The following are a list of your rights in respect to your PHI.

Request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions of the health care provider's uses and disclosures of your PHI; however, the health care provider is not required to accommodate a request. If you wish to request additional restrictions, please obtain the form, *Request for Restriction of Uses & Disclosures*, from the health care provider and return the completed form to the health care provider or return to Dr. Cary Ganz.

The right to have your PHI communicated to you by alternate means or locations:

You have the right to request that the health care provider communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the health care provider to have an accurate address and home phone number in case of emergencies. The health care provider will consider all reasonable requests. If you wish to request a change in your communicating address and/or phone number, please obtain a form, *Request for Alternative Arrangements for Confidential Communication*, from the health care provider and return the completed form to the health care provider or return to Dr. Cary Ganz.

The right to inspect and/or obtain a copy your PHI: You have the right to request access and/or obtain a copy of your PHI that is contained in the health care provider for the duration the health care provider maintains PHI about you. If you wish to inspect or obtain a copy your PHI, please obtain a form, *Request for Access to Records*, from the health care provider and return the completed form to the health care provider or return to Dr. Cary Ganz. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

The right to amend your PHI: You have the right to request an amendment of the PHI the health care provider maintains about you, if you feel that the PHI the health care provider has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services, or their appropriate designee, to review such a denial. If you wish to amend your PHI files, please obtain a form, *Request for Amendment to PHI*, from the health care provider and return the completed form to the health care provider or return to Dr. Cary Ganz.

The right to receive an accounting of disclosures of your PHI: You have the right to receive an accounting of certain disclosures of your PHI made by the health care provider. If you wish to receive an accounting of disclosures of your PHI, please obtain a form, *Request for Accounting of Disclosures*, from the health care provider and return the completed form to the health care provider or return to Dr. Cary Ganz. You should be aware, however, that such an accounting excludes uses and disclosures made for treatment, payment, or health care operations purposes.

The right to receive additional copies of the Health Care Provider's Notice of Privacy Practices: You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically. If you wish to receive a paper copy of this request, please ask a health care provider workforce member and they will provide you with a copy.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

The health care provider reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all individuals. The health care provider will also post the revised version of the Notice in the health care provider.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the health care provider and/or to the Secretary of HHS, or their designee. If you wish to file a complaint with the health care provider, please contact Dr. Cary Ganz. If you wish to file a complaint with the Secretary, please write to:

The U.S Department of Health and Human Services

200 Independence Ave, S.W.

Washington, D.C. 20201

The health care provider will not take any adverse action against you as a result of your filing of a complaint.

Written Acknowledgement

I acknowledge that I have reviewed the **Notice of Privacy Practices** which provides a description of information uses and disclosures. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that the organization is not required to agree the restrictions I request.

Signature of Patient or Legal Representative

Witness

Date: / /

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