

Family Practice of Grand Island, PC 03/15/06

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NOTICE OF PRIVACY PRACTICES (NPP) Summary
Version 6A

Below is a brief summarization of Family Practice's NPP. The complete NPP has a more detailed description of how you may obtain access to your protected health information (PHI) and how this PHI may be used and disclosed. Please review the NPP carefully.

Designated PHI Record Set

<u>Business Office</u>	<u>Medical Record</u>
Itemized Statement	Demographic Information
Explanation of Benefits	Medical Care Information
Status of Account	National Registry Information
Bank/Loan Information	Diagnostic Information
Medicare/Insurance Card copies	PHI Authorizations/Amendment requests
Encounter Form	Insurance Referrals/Information
	Financial Responsibility Information

Patient Rights Regarding Own Protected Health Information (PHI)

1. Right to inspect and obtain a PHI copy
2. Right to request a restriction to use or disclose any part of PHI for the purpose of treatment, payment or health care operations (TPO)
3. Right to request specific confidential communications
4. Right to receive a paper copy of this NPP
5. Right to receive a written accounting of PHI disclosures
6. Right to request a PHI amendment
7. Right to revoke previous written authorization to use or disclose PHI

Permitted or Required PHI Use and Disclosure

1. No patient *authorization* is required to use or disclose PHI for:
 - a. TPO-Treatment, Payment or Other Healthcare operations
Family Practice policy is to obtain *consent* for TPO.
 - b. Department of Health and Human Services (DHHS)
 - c. Public Health
 - d. Federal Drug Administration (FDA)
 - e. Health oversight agencies
 - f. Workers compensation
 - g. Coroners, medical examiners, funeral directors
 - h. Legal proceedings
 - i. Law enforcement
 - j. Criminal activity
 - k. Correctional institution
 - l. Military activity and National Security
 - m. Face-to-face marketing
 - n. Business associates
 - o. Organ, eye and tissue procurement organizations
2. Patient may limit the use or disclosure of PHI in certain special situations.

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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. UNDERSTANDING PHI

A record of your visit is made each time that you receive a medical service from your physician, other health care provider or hospital. This record generally contains documentation of your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This medical record is called protected health information (PHI) and serves as:

- A basis for planning your care and treatment.
- A means of communication among the many health professionals who participate in your care.
- A legal document describing the care you received.
- A means by which you or a third-party payer (e.g., insurance, Medicare, Medicaid) can verify that services billed were actually provided.
- A tool in educating health professionals (e.g. medical students).
- A source of data for medical research.
- A source of information for public health officials responsible for improving national health.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your PHI is used, helps you to ensure 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 and better understand your rights as to your PHI.

B. DESIGNATED PHI RECORD SET

Business Office

Itemized Statement

Explanation of Benefits

Status of Account

Bank/Loan Information

Medicare/Insurance Card copies

Encounter Form

Medical Record

Demographic Information

Medical Care Information

National Registry Information

Diagnostic Information

PHI Authorizations/Amendment requests

Insurance Referrals/Information

Financial Responsibility Information

Not part of the designated PHI record set (not subject to amendment requests)

Insurance Requests

Subpoenas

Power of Attorney/Living Wills

Employment Records

De-identified Information

Family Education Rights and Privacy Act (FERPA) Records

Unincorporated PHI from outside source stating no Redisclosure

Oral PHI unless it is documented and used to make decisions

C. PATIENT RIGHTS REGARDING OWN PHI

Although your PHI is the physical property of Family Practice, you have the following rights.

1. **Right to inspect and obtain a copy your PHI** included in the designated record set. After receiving your written request, we will respond to you within 10 days (21 days if extension needed) for a PHI inspection and within 30 days for a PHI copy. If you request more than one copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies needed to meet your request. Per federal law, you may not inspect or request a copy of psychotherapy notes; information compiled for possible future use in civil, criminal or administrative proceedings; or PHI that is subject to law prohibiting access to PHI. If we deny your request to access your PHI, you may request in writing that a partner MD reconsider the denial.
2. **Right to request a restriction to use or disclose** any part of your PHI for the purpose of treatment, payment or health care operations (TPO). Restrictions to family members or friends involved in your care can be implemented by your written statement, indicating specific information restrictions, to whom the restriction applies and whether you want to limit the physician/clinic's use, disclosure, or both. Your physician is not required to agree with your statement of restriction. Examples of restricted disclosures might be nondisclosure of a specific surgery or nondisclosure to a spouse.
3. **Right to ask for confidential communications** from Family Practice through a written request entailing how, when and where you wish to be contacted (e.g. no calling work, only through the mail, mail to an address other than home). Family Practice will accommodate all reasonable requests and will not ask you the reason for your request.
4. **Right to a paper copy of this NPP** even if you agreed to accept this NPP electronically.
5. **Right to receive a written accounting of disclosures** (paper or electronic) of released PHI within 60 days (90 days if extension needed). A written request from you is required, stating a time period no longer than 6 years and not including dates prior to April 14, 2003. The first list of disclosures within a 12-month period will be at no charge. However there may be a charge for providing additional lists. Our clinic is not required to account for any PHI disclosures made under the TPO regulations, under a patient's written authorization, for national security purposes or to law enforcement officials.
6. **Right to request an amendment to your PHI** maintained by the Family Practice may be made through a notarized written request stating a reason that supports your request. We may deny your request for amendment if your request is not in writing, not notarized, or not reasonably supported; if the PHI documentation is determined to be accurate or complete; if the PHI was not created by Family Practice or the original creator is no longer available for amendment; if the PHI was not part of medical information kept by Family Practice; or if the PHI was not part of that allowed for inspection or copying under the law (psychotherapy notes). Family Practice will provide you with a written response to your request within 60 days after receipt of your request, or no later than 90 days if an extension is needed. If you disagree with our response, you may file a statement of disagreement with us.
7. **Right to revoke your authorization** to use or disclose health information, through receipt of your written revocation statement, except to the extent that the action has already been taken.

We may condition these previously listed rights of yours by asking you for information as to how payment will be handled.

D. FAMILY PRACTICE OF Grand Island, P.C. RESPONSIBILITIES

- Maintain the privacy of your PHI.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests.
- Reserve the right to change our practices and to make new provisions effective for all Family Practice maintained PHI, with good intentions of providing the changed policy to you.
- Will not use or disclose your PHI without your authorization, except as in this notice.
- Train all employees on the PHI policies and procedures.

E. CHANGES TO THIS NPP

Family Practice maintains the right to change or may be required by law to change its' privacy practices, which may result in a direct notice change. The most current NPP shall be effective for any preexisting or any future information. Updated copies of the NPP, noting the version# and effective date, will be posted in our office and if applicable on our website. In addition, a copy is available to you at each office visit.

F. PERMITTED OR REQUIRED PHI USE AND DISCLOSURE

No patient authorization is required to use or disclose PHI for treatment, payment and health care operations (TPO). Family Practice policy is to obtain *consent* for TPO. Additionally, no patient authorization is required to use or disclose PHI if permitted or required by law. In all other circumstances, a signed authorization is required from an individual or their personal representative prior to use or disclosure of PHI including highly protected health information.

1. FOR TREATMENT. Expectations, actions taken and observations are information obtained by your physician, the health care team and/or medical office staff and recorded in your records and being used to determine your best course of treatment. For example, treatment of a diabetic with a broken bone can involve an orthopedic surgeon for proper treatment, physical therapist for rehabilitation & a dietician to secure the appropriate meals. Disclosure of PHI to those outside the clinic involved in your medical care may include laboratories, radiologists, family members, clergy or others providing the services.

2. FOR PAYMENT. A bill may be sent to you, your financially responsible party, an insurance company, or a third-party payer. The billing may include information that identifies you, dates of service, your diagnosis, supplies used and medical treatment rendered. For example, in order to obtain prior approval for a specific treatment, we may need to disclose PHI. Another example would be that in order to determine coverage, PHI might need to be released.

3. FOR HEALTH CARE OPERATIONS. Physicians, the health care team and/or medical office staff may use information to assess the care and outcomes in your care. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service provided. For example this may include disclosures at a nursing station; medical school student review of PHI; your name being announced in the waiting room for you to proceed to the physician's area, laboratory, X-ray; PHI communications by mail, e-mail, fax or telephone. We may also provide your PHI to our accountants, attorneys, consultants & others in order to make sure we're complying with the laws that affect us. Upon the sale, transfer, merger or consolidation of Family Practice, your PHI may be transferred to another health care organization for continuity of care.

4. DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS). Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

5. PUBLIC HEALTH. We may disclose your PHI to the public health authority or to a foreign government agency that is collaborating with the public health, for public health activities and for purposes permitted by law to collect or receive the information. The disclosure will be made for the purpose of:

- Prevention or control of disease, injury or disability.
- Reporting births or deaths.
- Reporting reactions to medications or problem with products.
- Notification of product recall.
- Notification of possible disease exposure or risk of spreading a disease or condition.
- Notification of suspected abuse, neglect or domestic violence.

6. FOOD AND DRUG ADMINISTRATION (FDA). We may disclose to the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

7. HEALTH OVERSIGHT AGENCIES. We may disclose to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. Oversight agencies seeking this information include government agencies that regulate Family Practice operations, government benefit programs and civil rights law.

8. WORKERS COMPENSATION. We may release PHI compliant with the workers compensation laws and other legally established programs that provide benefits for work-related injuries or illness. Family Practice of GI requires patient authorization when, for workers compensation purposes, an employer requests disclosure of patient PHI that is not directly related to the injury.

F. PERMITTED OR REQUIRED PHI USE AND DISCLOSURE continued

9. CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS. We may disclose PHI for identification purposes, for reasonable anticipation of death or determining cause of death. Law authorizes this disclosure so that job duties can be performed.

10. LEGAL PROCEEDINGS. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in a response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

11. LAW ENFORCEMENT. We may disclose PHI for law enforcement purposes including:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the clinic; and
- In emergency circumstances to report a crime; location of the crime or victims; or the identity, description or location of the person who allegedly committed the crime.

12. CRIMINAL ACTIVITY. Consistent with the applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for the law enforcement authorities to identify or apprehend an individual.

13. CORRECTIONAL INSTITUTION. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

14. MILITARY ACTIVITY AND NATIONAL SECURITY. When appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.

15. FACE-TO-FACE MARKETING. Your PHI may be used or disclosed during face-to-face discussions between you and your health care provider during which the use of a specific product or service is encouraged, provided the clinic discloses any compensation it receives from the third parties to promote their products or services. These conversations may include discussion of treatment alternatives, case management or coordination of care.

16. BUSINESS ASSOCIATES. We may provide PHI to other persons or organizations, known as business associates (e.g. attorney, collection agency, transcription services, etc.) who provide service for us under contract. We require that our business associates protect the PHI we may provide to them.

17. ORGAN, EYE AND TISSUE PROCUREMENT ORGANIZATIONS. If you are a donor and being consistent with applicable law, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

G. PHI USE AND DISCLOSURE IN SPECIAL SITUATIONS

We may use or disclose your PHI in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures (see Section C2 of this NPP).

1. FAMILY MEMBERS AND FRIENDS. We may disclose your PHI to individuals who are involved in your care or who help pay for your care. We may make such disclosures when: (1) we have your verbal agreement to do so; (2) we make such disclosures and you do not object; or (3) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse, your interpreter or your employer comes into the exam room with you, we may assume that you agree to our disclosure of your PHI while this individual is present.

We also may disclose your PHI to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interest to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you present to our clinic with an emergency medical condition, we may share information with the family member or friend that comes with you to our clinic. We also may share your PHI with a family member or friend who calls us to request a prescription refill for you.

2. APPOINTMENT REMINDERS. We may use or disclose your PHI for purposes of contacting you to remind you of a health care appointment.

3. IMMUNIZATION RECORDS. These records may be faxed, e-mailed or phoned to school health officials with your verbal consent, unless you provide written directives otherwise.

4. DIAGNOSTIC TEST RESULTS. *Normal* diagnostic test results may be left on your home answering machine or home voice mail unless you provide us with written objection. In addition, we will honor your verbal request for a copy of your *diagnostic test* results from the previous 12 months. Any other requests for copies or access to your PHI will require you to complete our written Access Request Form.

5. OTHER HEALTH-RELATED SERVICES. We may contact you to provide you with information about treatment alternatives or other health-related services that may be of interest to you.

6. RESEARCH. After consideration and approval by a review board, we may use and disclose medical information about you for research purposes. For example, a research project may be comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Before we use or disclose medical information for research, we evaluate the research needs and the patient's needs for privacy of their PHI. We will ask for your specific permission if the researcher will have access to your name, address or other identifying information.

7. PATIENT STATEMENTS/CORRESPONDENCE. Billing statements for all family members on the same account are mailed in same envelope of the account Guarantor to the address listed in our computer for the account. Except in special circumstances, Family Practice of GI utilizes "family billing". You must provide a written directive, if you wish to have individual statements mailed to your home for each family member. All correspondence envelopes display clinic name and address.

8. INTERPRETERS. Family members or friends of the limited-English-proficient person may not be used as interpreters unless specifically requested by that individual after an offer of an interpreter has been made by Family Practice of GI. These restrictions are to ensure confidentiality of information and accurate communication.

H. QUESTIONS OR CONCERNS

If you have any questions or would like additional information, please contact our Privacy Officer at (308) 381-0162. Our Privacy Officer or the Secretary of the Department of Health and Human Services can address any concerns regarding violation of your privacy rights. There will be no retaliation for filing a complaint.