

**Notice of Privacy Practices**

As required by the Privacy Regulations Created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

**COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding the patient and the treatment and services we provide to the patient. We are required by law to maintain the confidentiality of health information that identifies the patient. We are required by law to provide you with notice of our legal duties and the privacy practices that we maintain in our practice concerning the patients IHHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, so please contact us if you have any questions regarding this information.

In this information we will discuss the following:

* Use and discloser of your IIHI
* Your privacy rights in regard to your IIHI
* Circumstances that may obligate us in the use and disclosure of your IIHI

The terms of this notice apply to all records containing the patient IIHI that are created or retained by our practice. We reserve the right to revise and/or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of the patients’ records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

**USE AND DISCLOSURE OF YOUR IIHI**

The following categories describe the different ways in which we may use and disclose your IIHI.

1. **Treatment**. Our Practice may use the patients IIHI to treat them. For example, we may ask the patient to have laboratory tests (such as blood tests), and we may use the results to help us research a diagnosis. We may use the patients IIHI in order to write a prescription for them, or we may disclose the patients IIHI to a pharmacy when we order a prescription for them. Many of the people who work for our practice – including but not limited to, doctors and/or nurses – may use or disclose the patients IIHI to treat them or to assist others in their treatment. Additionally, we may disclose the patients IIHI to others who may assist in the patients care, such as parents, guardians, siblings, etc.
2. **Payment**. Our practice may use and disclose the patients IIHI in order to bill and/or collect payment for the services and items they may receive from us. For example, we may contact your health insurer to help in obtaining certain authorizations for treatments and/or to help with determining benefits to help with future treatment planning. We may also use a patients’ IIHI to bill them for services and items if payment is not obtained at the time of service.
3. **Health care Operations**. Our practice may use and disclose the patients IIHI to operate our business. For example, our practice may use the patients IIHI to evaluate the quality of care the patient and their family receive from us, or to conduct cost-management and business planning activities for our practice.
4. **Appointment Reminders**. Our practice may use and disclose the patients IIHI to contact the patient and/or their family to remind them of an appointment. For example, we may either email the guarantor/parent a reminder for an upcoming appointment and/or call them. At times messages are left with the patients’ appointment information. Messages are only left on the designated numbers that have previously been designated by the patient/parent/guardian.
5. **Treatment Options**. Our practice may use and disclose the patients IIHI to inform them of potential treatment options and/or alternatives.
6. **Health-Related Benefits and Services**. Our practice may use and disclose the patients IIHI to inform them of health-related benefits or services that may be of interest to them or the patients’ family.
7. **Release of Information to Family/Friends**. Our practice may release your IIHI to family members that are involved in the patients care, or who assist in taking care of the patient. For example, a parent and/or guardian may ask the patients grandparents and/or aunts or uncles to take the child to the office for an appointment. In this circumstance, that family member will have access to the child’s medical information as it pertains to their visit (in this type of a situation we would require a written release from the parent/guardian authorizing said individual the right to discuss the IIHI).
8. **Disclosure Required by Law**. Our practice will use and disclose your IIHI when we are required to do so by federal, state, and/or local law.

**YOUR PRIVACY RIGHTS REGARDING YOUR IIHI**

You have the following rights regarding the IIHI that we maintain about the patient:

1. **Confidential Communications:** You have the right to request that our practice communicate with you regarding the patients’ health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request.
2. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about the patient, including patient medical records and/or billing records, but not including psychotherapy notes. You must submit your request in writing. 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 the review.
3. **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 made in writing. 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 kept by or for the practice; (c) not part of the IIHI 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.

**CIRCUMSTANCES THAT MAY OBLIGATE US IN THE USE AND DISCLOSURE OF YOUR IIHI**

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 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 an person regarding potential exposure to a communicable disease
* Notifying a person regarding a protentional 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 and employer under limited circumstances related primarily to workplace injury or medical surveillance
1. **Health Oversight Activities**. Our practice may disclose the patients IIHI 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.
2. **Lawsuites and Similar Proceedings**. Our practice may use and disclose the patients IIHI in response to a court or administrative order, if the patients and/or patients’ parent and/or guardian are involved in a lawsuit to similar proceedings. We also may disclose the patients IIHI 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 the patient and/or parent/guardian of the request or to obtain an order protecting the information the party has requested.
3. **Law Enforcement**. We may release IIHI 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 criminal conduct
* Regarding criminal conduct at our office
* In response to a warrant, summons, court order, subpoena, or similar legal 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)
1. **Deceased Patients**. Our practice may release IIHI to 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 job.
2. **Organ and Tissue Donation**. Our practice may release IIHI to organization that handle organ, eye, or tissue procurement or transplantation, including organ, donation banks as necessary to facilitate organ or tissue donation and transplantation if the patient is an organ donor.
3. **Research**. Our practice may use and disclose the patients IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (a) our use of 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 the patients IIHI is being used only for the research and (iii) the researcher will not remove any of the patients IIHI from our practice; or (c) the IIHI sought by the researcher only relates to descendants and the researcher agrees either orally or in writing that the use of disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IIHI of the descendants.
4. **Serious Threats to Health or Safety**. Our practice may use and disclose the patients IIHI when necessary to reduce or prevent a serious threat to the patients’ 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 help prevent the threat.
5. **Military**. Our practice may disclose the patients IIHI if the patient is a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. **National Security**. Our practice may disclose the patients IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose the patients IIHI to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.
7. **Inmates**. Our practice may disclose the patients IIHI to correctional institutions or law enforcement officials if the patient is an inmate or under the custody of a law enforcement official.
8. **Workers’ Compensation**. Our practice may release the patients IIHI for workers’ compensations and similar programs.