

## **HIPAA 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.

This notice of privacy practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment of health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you including demographic information that may identify you and that relates your past, present or future physical or mental health or condition and related health care services.

**Uses and Disclosures of Protected Health Information:** Your Protected Health Information (PHI) may be used and disclosed by your practitioner, our office staff and others outside of our office that are involved in your care and treatment for the purposes of providing health care services to you, to support the operations of our school and clinic and any other use required by law.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and related services. Because of the nature of our health care services the coordination or management of your health care with a third party, i.e. hospitals, home care agencies and other physicians will be performed with your written authorization only, if applicable. We would also disclose any information only to a person(s) specified by you in writing.

**Payment:** At the present time we do not work with any health care plans and accept self-pay only. However, we will be more than happy to provide any information to your insurance company upon your written request for reimbursement.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our clinic. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your PHI to medical students that see patients in our clinic. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when our practitioner is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose you PHI in the following situations without your authorization. These situations include: as required by Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, and Organ Donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates, required Uses and Disclosures. Under the law, we must disclose to you and when required by the Secretary of the Department for Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object unless required by law. You may revoke this authorization at any time in writing except to the extent that treating you our clinic has taken an action in reliance on the use or disclosure indicated in the authorization.

Your rights: Following is a statement of your rights with respect to your PHI.

You have the right to inspect and copy your PHI. Under Federal Law, however, you may not inspect or copy the following records: information compiled in the reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to PHI.

Your treating practitioner is not required to agree to a restriction that you may request. If the practitioner believes it is in your best interest to permit use and disclosure of your PHI, your protected health information will not be restricted. You have the right to use another healthcare practitioner.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your practitioner amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or Health Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form please speak with our office manager, Ava Amescua, in person or by phone at 720-291-3102.