

INSERT PRACTICE NAME NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can access this information. **Please review it carefully.**

INTRODUCTION TO PRACTICE –

INSERT PRACTICE NAME is committed to protecting the confidentiality of its patient’s health information. This Notice of Privacy Practices (“NPP”) describes (i) how we may use and disclose your health information and (ii) your rights concerning your health information. This NPP is provided under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”). The privacy practices described in these NPPs will be followed by all healthcare professionals and employees of INSERT PRACTICE NAME.

SUMMARY

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

ADDITIONAL DETAILS

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you want to exercise any of the rights described in this section, please get in touch with PRACTICE NAME at [INSERT CONTACT INFORMATION HERE].

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think needs to be corrected or completed. Ask us how to do this.
- We may decline your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, by home or office phone) or by mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us to keep that information private for payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years before the date you ask, who we shared it with, and why.
- We will include all the disclosures except those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will promptly provide you with one.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will ensure the person has this authority and can act for you before we act.

Your Choices

You can tell us your choices about what we share regarding certain health information. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

Family and friends. We may disclose your health information to a family member or friend involved in your medical care or someone who helps pay for your care (e.g., a personal representative). We may also use or disclose your health information to notify (or assist in notifying) a family member, legally authorized representative, or other person responsible for your care of your location, general condition, or death. If you are a minor, we may release your health information to your parents or legal guardians when permitted or required under federal and applicable state law.

If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Most uses and disclosures of your health information for marketing purposes.
- Disclosures of your health information that constitute the sale of your health information.
- Most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record).

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us to avoid contacting you again.

If we wish to use or disclose your medical information for a purpose not set forth in this NPP, we will seek your authorization. You may revoke an authorization in writing at any time, except that we have already taken action based on your authorization.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you (i.e., treatment purposes)

We can use your health information and share it with other professionals treating you.

Example: A doctor treating you for an injury asks another doctor about your health.

Run our organization (i.e., healthcare operations purposes)

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services and evaluate the quality of care we provide.

Bill for your services and the provision of any items provided as part of your services (i.e., payment purposes)

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan to determine whether it will authorize payment for your services or to determine the amount of your co-payment or co-insurance.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. However, we must meet many conditions in the law before sharing your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations, such as:

- Preventing or controlling disease, injury, or disability
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence [Note: We will only make this disclosure if you agree or when otherwise required by law to make this disclosure.]
- Reporting child abuse or neglect
- Preventing or reducing a serious threat to anyone's health or safety [Note: Any disclosure would only be to someone able to help prevent the threat of harm.]

Do research

We can use or share your information for health research under certain circumstances.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we comply with federal privacy law. Any such use or disclosure will comply with the law and be limited to what is required.

Respond to organ and tissue donation requests.

We can share your health information with organ procurement organizations.

Work with a medical examiner or funeral director.

When an individual dies, we can share health information with a coroner, medical examiner, or funeral director.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims and other similar programs established by law.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law. These oversight activities include, for example, audits, investigations, proceedings or actions, inspections, and disciplinary actions or other activities necessary for appropriate oversight of the health care system, government programs, and compliance with applicable laws.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order or a subpoena.

Work with our service providers.

We can disclose your health information to third-party "business associates" who provide products and services on our behalf. If we do so, we will enter into an agreement with them to safeguard your information.

Disaster relief efforts

We may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless it impedes our ability to respond to emergencies.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will promptly let you know if a breach may have compromised your information's privacy or security.
- We must follow the duties and privacy practices described in this notice and give you a copy.

- We will only use or share your information as described here if you tell us we can in writing. If you tell us we can, you may change your mind anytime. Let us know in writing if you change your mind.
- If a state or other law requires us to restrict the disclosure of your information beyond what is provided in this NPP, we will follow the applicable provisions of those laws.

For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, which will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

Other Instructions for Notice [TO BE MODIFIED FOR EACH PRACTICE]

- [Insert Effective Date of this Notice]
- [Insert name or title of the privacy official (or other privacy contact) and their email address and phone number.]
- [Insert any special notes that apply to your entity’s practices, such as “We never market or sell personal information.”]
- [The Privacy Rule requires you to describe any state or other laws that require more significant limits on disclosures. For example, “We will never share any substance abuse treatment records without your written permission.” Insert this type of information here. If no laws with more significant limits apply to your entity, no information must be added.]
- [If your entity provides patients access to their health information via the Blue Button protocol, you may want to reference it here.]
- [If your entity is part of an OHCA (organized health care arrangement) that has agreed to a joint notice, use this space to inform your patients of how you share information within the OHCA (such as for treatment, payment, and operations related to the OHCA). Also, describe the other entities this notice covers and their service locations. For example, “This notice applies to Grace Community Hospitals and Emergency Services Incorporated, which operate the emergency services within all Grace hospitals in the greater Dayton area.”]

Questions, Concerns, or Complaints

- You may submit a question or concern about this NPP or file a complaint if we violate your rights. You may do so by contacting [INSERT PRACTICE NAME] at _____.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.