

## 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.**

If you have any questions about this notice, please contact **Paula J. Keasey, R.N.** 734-526-8860

We are required by law to maintain the privacy of protected health information (PHI) and electronic health information (e-PHI), provide individuals with notice of our legal duties and privacy practices regarding health information about you, have technical, physical and administrative safeguards in place to secure all types of PHI and notify affected individuals following any breach of unsecured PHI. We must follow the privacy practices which are described below while it's in effect. We reserve the right to change our privacy policy and terms of this notice provided the changes are permitted by applicable law, and to make new changes to notice provisions effective for **all** PHI we maintain. When we make a significant change in our privacy practices, we will change this notice and post a copy clearly and prominently at our practice locations. We will provide a copy of the new notice upon request. You may request a copy our notice at any time.

### **SECURITY AND PRIVACY MEASURES**

The following explains what security measures we have in use to ensure your health information is secured and protected. In order to protect your health information, we maintain certified business associate agreements with shredding companies, cybersecurity and electronic medical record companies. All our company computers are password protected with locking after inactivity in addition to the cybersecurity support. We have all patient information in locked draws, behind secured access doors, and maintain building security of alarms and cameras. All of our staff is HIPAA trained by our compliance officer, whom additionally evaluates, maintains security measures and maintains a plan for backups, incident procedures, and all business associate agreements.

We always and will continue to only release the minimal amount of PHI to limit the chance of exposure to unauthorized persons; however, our electronic system allows for your health information to be available for authorized person to make decisions for you care and treatment. Our security measures through our business associates maintain the integrity of your PHI and e-PHI by preventing any unauthorized destruction or changes.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

The following describes the ways we may use and disclose health information that identifies you (Health Information). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we send your health plan information about you so they will pay for your treatment.

**Healthcare Operations:** We may use and disclose PHI for necessary to make sure that all our patients receive quality of care as well as operate

and manage our office. For example, PHI may be shared with your primary care physician, your referring medical specialists, members of your treatment plan, your pharmacist, and other entity that have a relationship with you (ie your health plan) for their health care operations.

**Appointments Reminders, Treatment Alternatives, and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved Care or Payment of Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Incidental Uses and Disclosure:** We may occasionally inadvertently use or disclose your PHI when it is incident to another use or disclosure that is permitted or required by law. For example: While we have safeguards in place to protect against other overhearing our conversations that take place between medical personal, there may be times conversations are overheard. Please, be assured, we have appropriate safeguards in place in an effort to avoid such situations as much as possible.

**Research:** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

**As Required by Law:** We will disclose Health Information when required to do so by international, federal, state or local law.

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**To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation:** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation:** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in 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.

**Law Enforcement:** We may release PHI if asked to do so by a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

**Coroners, Medical Examiners and Funeral Directors:** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities:** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if 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) the safety and security of the correctional institution.

### OPT OUT USES AND DISCLOSURES

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief:** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

### OTHER USES AND DISCLOSURES OF PHI

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes; and
2. Disclosures that constitute a sale of your PHI
3. General uses and disclosures of psychotherapy notes.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you

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do give us an authorization, you may revoke it at any time by submitting a **written revocation** to our Privacy Officer and we will no longer disclose PHI under the authorization. Any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### YOUR HEALTH INFORMATION RIGHTS

**Right to Inspect and Copy:** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to **P. Keasey, RN**. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the

### QUESTIONS AND COMPLAINTS

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer: **Paula Keasey, R.N.** or you may submit a **written** complaint, no more than 180 days after the event, complaint to:

**U.S. Department of Health and Human Services**  
**Region V**  
**Office of Civil Rights**  
**233 N. Michigan Avenue, Suite 240**  
**Chicago, Illinois 60601**  
**Voice Phone: 312-886-2359; Fax 312-886-1807; TDD 312-353-5693**

**You will not be penalized for filing a complaint.**

right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to **Prizm Pain Specialists**.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to **P Keasey, R.N.**

**Right to Request Restrictions:** You have the right to request additional restrictions on our use or disclosure of PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for the purposes of carrying out payment or health care operations, and the information pertain solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

**Out-of-Pocket-Payment:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to **Prizm Pain Specialists**. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice:** You may receive a paper copy of this notice upon request, even if you have agreed to receive this notice on our website or by electronic mail (email).