

# **Notice of Privacy Practices**

## **Family Practice Center, Inc.**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read and review this notice carefully. If you have any questions about this notice, please contact:**

### **Administrator, Privacy Contact.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations 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” or PHI is information about you, including demographic information (address, phone number) that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We have the right to change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent to you in the mail or asking for one at the time of your appointment.

### Uses and Disclosures of PHI Based Upon Your Written Consent

You will be asked by your physician to sign a consent form. Once you have consented to use and disclosure of your PHI for treatment, payment, or health care operations by signing the consent form, your physician will use or PHI as described in Section 1. Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of Family Practice Center, Inc.

Following are examples of the types of uses and disclosures of your PHI that the physician’s office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI from time to time to another physician or health care provider (radiologist, laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician such as information from your file including but not limited to past history, testing done or ordered, medication, allergies, radiology films.

Other examples of disclosure of your PHI are: sending obstetrical paperwork to the hospital where you will deliver so they will have this information prior to delivery; refilling prescriptions to pharmacies both local and mail away; talking with the nursing home or hospital while you are an in-patient; back to work slips to your place of employment; sending notices of repeat pap smears or mammograms; calling patient to check on improvement of symptoms; calling or sending a note to patient regarding lab results or x-rays; scheduling STAT or ASAP labs, x-rays, or specialist appointments; sending note to patient for follow up appointments or reschedule of appointments; call to schedule an appointment at our office for test results or reschedule.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination or eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity; and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Other examples of disclosure of your PHI for payment include but are not limited to: personal demographics; insurance information; calling State Agencies to see if patient has coverage (i.e. Medicaid); itemized billing and statements; billing and statements monthly to our electronic biller; sending insurance forms to our clearinghouse to process claims for payment; sending explanation of benefits to secondary insurance receive payment; sending past due/final notice statements to patients for payment; sending overdue accounts to our collection agencies for service; sending records releases to patients for appointments to another physician or appointment; talking with insurance companies to answer questions on delinquent payment of claims; working with Worker's Compensation MCO's, patient's employers, and BWC attorneys to expedite settlement on claims.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to: quality assessment activities, employee review activities, training or medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your PHI to the many medical school students that see patients in our office while doing their on site training. We may disclose your PHI to pharmaceutical representatives while they are in our office during their preceptorships. In addition, we may fill out your demographics record in our office software when you

provide your name, address, phone number and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may disclose your PHI, as necessary, to contact you about a reminder of an appointment or a test appointment.

We shall share your PHI with third party “business associates” that perform various activities i.e. billing services, clearinghouse, and record copying services. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use or disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to allow for auditing of our charts and records to make sure the physicians are doing an accurate account of your chart.

#### Uses and Disclosures of PHI Based Upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or Family Practice Center, Inc. has taken an action in reliance on the use or disclosure indicated in the authorization. A signature is valid for 60 days from the date signed.

#### Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** 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, your physician may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for the care of your

location, general condition, or death. Finally, we may use or disclose your PHI to authorized public or private entity to assist in disaster relief efforts to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use and disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable, he or she may still use or disclose your PHI to treat you.

**Communication Barriers:** We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

**Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaver organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal Activity:** Consistent with 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 law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the 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 purposes 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 service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures:** 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.

## Your Rights

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Disease:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigation, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to a governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal or state laws.

**FDA:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, enable product recalls, make repairs or replacements, or conduct post marketing surveillance as required.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law; (2) limited information request for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of a criminal conduct; (5) in the event that a crime occurs on the premises of the practice; and (6) medical emergency (not on Family Practice Center, Inc. premises) and it is likely that a crime has occurred.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A “designated record set” contains medical and billing records and any other records that your physician at Family Practice Center, Inc. or the practice uses for making decisions about you. You must request in writing what records you would like to inspect. A time frame of one week must be allowed for our office to gather the records requested.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical records.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does not agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction in writing a letter asking for the restriction to the Privacy Officer containing the following: name, address, date of birth, date asking for the restriction, what information in your PHI you would like restricted, why you would like this information restricted, to whom we are to restrict the information to, your signature, and date of signature.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for this request. Please make this request in writing to our Privacy Official.

You may have the right to have your physician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. 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. Please contact our Privacy Official to determine if you have questions about amending your record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 13, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us. Upon your first visit with us after April 14, 2003, you will be given this notice for your own records. You will be asked to sign an affidavit stating you have read, understand, and accepted the information in the Privacy Notice or you may refuse to sign the form. This will be kept in your chart.

### Complaints

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by Family Practice Center, Inc. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Administrator at 330-682-3075 ext 209 or at [FPC365@aol.com](mailto:FPC365@aol.com) for further information about the complaint process.

This notice was published and becomes effective on April 1, 2003.  
Last updated August 9, 2007.