

Notice of Privacy Practices

Office of Elizabeth Calihan, MD

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 READ IT CAREFULLY. Your signature at the end of this document indicates that you have read and are aware of the contents of this notice.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a Federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. HIPAA gives you, the patient, the right to understand and control how your personal health information (PHI) is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records without your specific consent only for the following purposes: treatment, payment, health care operations, or as required by law. (The following explanations and examples are not exhaustive but any such use will fall into one of the following categories.)

- Treatment means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. An example of this is if you are referred to a primary care doctor or another specialist. In most cases, however, we will require your written authorization before releasing information, even to another health care provider.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit.
- Health Care Operations include the business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be that office staff may be asked to prepare letters, forms, handle billing documents, or send documents to another of your doctors. In that case office staff may have access to your health information.
- The practice may also be required or permitted to disclose your PHI for law enforcement as required by law, in response to a valid subpoena or court or administrative order. This includes any information requested by authorities related to cases of neglect or abuse of children or the elderly. In all situations, we shall do our best to assure the continued confidentiality of your health information to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. You have the right to "opt out" with respect to receiving these communications from us.

Other uses and disclosures not described in this notice will only be made pursuant to us receiving a written authorization from you. Our office policy is that your clinical information is never shared with another party except as noted above without written authorization from you. The EXCEPTION to this policy is that if we believe you pose an immediate danger to yourself or someone else, in which case we will do whatever is necessary even if that means breaching confidentiality.

You may have the following rights with respect to your PHI:

Before we use or disclose your health information, other than as described above, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure. In addition, you have:

- The right to request to receive confidential communications of Protected Health Information by alternative means or at alternative locations, eg at a certain mail address or phone number. We will make every reasonable effort to abide by your request.
- The right to inspect and copy your PHI.
- The right to amend your PHI if you believe it is inaccurate
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket", in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with this office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Feel free to contact the Practice Compliance Officer (Dr. Calihan) for more information, in person or in writing.