

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION (PHI) ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

### **A. ARLINGTON FAMILY PRACTICE IS REQUIRED TO:**

- ! Maintain the privacy of your PHI
- ! Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- ! Notify you if we are unable to agree to a requested restriction
- ! Accommodate reasonable request you may have regarding communication of health information via alternative means and/locations.

The terms of this notice apply to all records containing your personal information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for your entire PHI that our practice maintains. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according procedures included in the authorization.

### **B. WHAT IS PROTECTED HEALTH INFORMATION (PHI):**

Protected health information is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to 1) your past, present, or future physical or mental health or conditions, 2) the provision of health care to you, or 3) the past, present, or future payment for your health care.

### **C. UNDERSTANDING YOUR MEDICAL RECORD/PHI**

Each time you visit Arlington Family Practice (any location) a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent health care data. This information, often referred to as your health or medical record, serves as a:

- ! Basis for planning your medical care and treatment
- ! Means of communication with other health professionals involved in your care
- ! Legal document outlining and describing the care you received
- ! A tool that you, or another payor (your insurance company) will use to verify that services billed were actually provided
- ! An education tool for medical health providers
- ! Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- ! A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

### **D. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The following categories describe the different ways in which we may use and disclose your Protected Health Information.

1. **Treatment** We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. For example, we may ask you to have laboratory tests (such as blood or urine tests), and these results will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
2. **Payment** Our practice may use and disclose your PHI in order to bill and collect payment for the services and products you may receive from us. Note: If you paid in cash out of pocket (or in other words, you have requested that we not bill your health plan) in full on the date of service 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 our practice will honor that request.
3. **Health Care Operations** Our practice may use and disclose your PHI to operate Arlington Family Practice. These activities include, but are not limited to, quality assessment activities, licensing, marketing, and for other business activities.
4. **Appointment reminder, treatment alternative, 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. We may disclose your PHI for marketing activities, such as a newsletter.
5. **Business Associates** In some instances; we have contracted separate entities to provide services for us. (e.g., billing, prescription, answering services,) for us. We will share your PHI with business associates whenever appropriate. A written contract with the business associate will outline the terms that will protect the privacy of your PHI.
6. **Public Health** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information.
7. **Health Oversight** We may disclose PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
8. **Required By Law** We may use or disclose your PHI to the extent that the use or disclosure is required by international, federal, state or local 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.
9. **Legal Proceedings** We may disclose your PHI in the course of any judicial or administrative proceeding, in response to a court or administrative tribunal order (to the extent such disclosure is expressly authorized). We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
10. **Law Enforcement** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: Government audits and inspections, to facilitate law enforcement investigations and to comply with government-mandated reporting.
11. **Abuse or Neglect, or Domestic Violence** 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 the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

12. **Coroners, ME, Funeral Directors, and Organ/Tissue 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. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or to other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
13. **Food and Drug Administration** 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; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
14. **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 purpose 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 services.
15. **Inmates** We may use or disclose your PHI if you are an inmate of a correctional facility or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be 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.
16. **Workers' Compensation** Our practice may release your PHI for workers' compensation and similar programs.
17. **To avert a serious threat to health or safety.** We may use and disclose PHI 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
18. **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

**E. Uses and Disclosure where you have an opportunity to object and opt out:**

1. **Others Involved in Your Healthcare** Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your PHI.
2. **Emergencies** We may use or disclose your PHI in an emergency treatment situation. If this happens, your provider will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your provider or another provider has attempted to obtain your consent but is unable, he or she may still use your PHI to treat you.
3. **Communication Barriers** We may use and disclose your PHI if your provider or another provider in the practice attempts to obtain your consent but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent under the circumstances.

**F. USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION**

1. **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 can revoke this authorization in writing at any time, except to the extent that your provider or the provider's practice has taken an action in reliance on the authorization.

Provider will limit data to satisfy the minimum necessary. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

2. **Use your PHI for marketing purposes**
3. **Disclosures that constitute a sale of your PHI**

## **G. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your PHI that we maintain about you:

1. **Confidential communications** You have the right to request that our practice communicate with you about your health and related issues in a confidential manner.
2. **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.
3. **You have the right to request that we not disclose to anyone (including your health plan) treatment that was paid for by you in cash on the date of service in full.**
4. **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 your medical record. Since this practice has electronic records, patients will have the right to receive an electronic copy of their records. You must submit your request in writing to our Privacy Officer at our office location in order to inspect and/or obtain a copy of your medical record. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.
5. **You may have the right to have your provider amend your PHI** This means you may request an amendment of PHI about you in your medical record for as long as we maintain it and submit corrections.
6. **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. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.
7. **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 electronically.
8. **The right to receive notice of a breach of your PHI.**

- H. Complaints** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer, or you may file a complaint with the Office for Civil Rights (OCR), US Dept. of Health and Human Services of your complaint. **We will not retaliate against you for filing a complaint.** To file a complaint with the OCR, you may: 1) mail to: Secretary of the US Dept of Health and Human Services, 200 Independence Ave, SW, Washington DC, 20201; 2) call 202/ 619-0257 or 877/ 696-6775 or 3) or visit the OCR website, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) for more information on the options listed above, or for electronic filing options.

You may contact our Privacy Officer, at (817) 277-6444 or [afp76015@arlingtonfp.com](mailto:afp76015@arlingtonfp.com) for further information or questions about the complaint process.

Amended 9/23/13