

# **“Health Insurance Portability and Accountability Act”**

## **HIPAA Patient Privacy Notice**

***This notice describes how medical information about you may be used and disclosed, how you can get access to such medical information. This is an update from previous Notices of Privacy Practices that includes new provisions under the Omnibus Rule that took effect on March 26, 2013. Please review carefully.***

The Federal Government requires that your Protected Health Information (PHI) stored in your medical record remains private, confidential, and absolutely not available to anyone without your expressed written consent, other than for purposes of Treatment, Payment and Health Care Operations. Our medical record of your care remains the property of NW Headache and Wellness Center. Forms are used for you to authorize, in writing, the release of a copy of your specific medical records to you, another physician, medical practice, or to an insurance company.

### **Treatment, Payment, and Health Care Operations:**

There remains certain instance, where, in the process of delivering quality medical care to our patients, specific disclosure of information becomes necessary and will be conducted by medical and administrative professionals within this practice, without express written consent of each and every specific incident by you. Some examples include:

- Calling/faxing/electronic communications to your pharmacy for new or renewal prescriptions
- Completing claim forms to obtain payment from your insurance company
- Calling your insurance carrier for eligibility/benefits/billing and reimbursement purposes
- Faxing your insurance carrier with documentation of care and services rendered
- As a specialist, Calling/faxing/e-mailing your Primary Care Physician (PCP) asking to share patient PHI or with results of care or questions regarding your care
- Handling of mail, newsletters, claims, bills, referrals and prior authorizations
- Requesting that the office staff call you to schedule an appointment, acquire a referral, or to inform you about medications or testing that may have been ordered
- Verbal or written correspondence with insurance companies; yours and ours
- Routine inter-office communication between professional staff of this specific practice to effectively manage your medical care, and with the administrative staff to coordinate referrals, prior authorizations, send/telephone appointment reminders, file and store medical records, order/receive pharmaceutical drugs on your behalf, submit claims and manage accounts billings, co-payments and other accounts receivable information
- Messages may be left on your home message machine, your work voice mail or your cell phone
- PHI utilized to conduct Quality programs to improve activities or for implementation of compliance programs
- Employee training programs, Accreditation, licensing, certification of activities
- Other Authorizations Required by Law, including: legal proceedings and law enforcement; Workers' Compensation; PHI related to Inmates; Military, National Security and Intelligence Activities; for the Protection of the President; certain approved research purposes; organ and tissue donation; for use by Public Health Activities, coroners, medical examiners and funeral directors; or any other reason such a disclosure would be required by federal, state or local law.
- You may restrict disclosure of any part of your PHI from within this practice to any outside source or recipient, where not allowed by Federal Law, State Law or by Court Order

### **Your Rights under HIPAA**

- You have the right to expect that we will respect and honor your Personal Health Information
- You have the right to inspect and request in writing a copy of your medical record for yourself and/or to be sent to another Physician. If you request a copy of the information, we may charge a fee to cover the cost of producing and mailing the copy.

- You have the right to discuss any and all information contained in your medical record with your Provider of care in a private environment
- You have a right to amend information that we may use to make decisions about you if you believe it is incorrect or incomplete. This request must be in writing and include a reason for the amendment. We may deny your request if the records are complete and accurate, if the records were not created by us, and the records' author is available; if the records are not maintained by us or if the records are otherwise not subject to your access. We will explain our reasons for denial in a written response to you. You have the right to respond in writing to our explanation of denial.
- You have the right to a listing of the disclosures we made of your health care information after April 14, 2003, with exceptions for the purposes of treatment, payment, or health care operations or as directed by law.
- You have the right to complain to the Privacy Officer regarding how your Personal Health Information is guarded, handled, and released (or not released) under the tenants of the law
- You have the right to express concerns about the law and its limitations to the Secretary of the US Government Department of Health and Human Services, or if you believe your privacy rights have been violated
- You have a right not to be retaliated against for filing a complaint
- You have a right to receive notification by a covered entity following a breach of unsecured PHI
- You have the right to opt out of receiving fundraising communications from any health care covered entity.
- Under the HITECH Act, you have the right to restrict disclosures of PHI to your health plan if you pay out-of-pocket in full for a healthcare item or service.
- You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask us not to call you at home, but rather to communicate only by mail.
- Under the Genetic Information Nondiscrimination Act (GINA), your health plan is prohibited from using or disclosing genetic information for underwriting purposes.

### **Authorization to Release Personal Health Information**

- Other uses and disclosures not described in this NPP will be made only with the authorization of the individual.
- You may upon formal written request authorize another individual rights to your Personal Health Information; including but not limited to billing requests
- You may rescind this authorization at any time by providing a formal written request.
- Your authorization is required for uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI.
- If you wish to give permission to another to act on your behalf, please request the PHI authorization form from the office staff
- Other uses and disclosures not described in the NPP will be made only with authorization from the individual to whom the PHI relates.

### **Our Practice Responsibilities**

As a covered entity, we have legal duties and privacy practices with respect to Protected Health Information and terms of the Notice of Privacy practice currently in effect. It is our responsibility to guard and maintain personal health information about you and your health in a very private manner. This information will be disclosed within the practice on a "Need to know" basis, and then kept confidential for your assurance that we comply with the Federal Law, State and Local laws on confidentiality of medical information. Your health care information is a personal matter and we are committed to protecting its confidentiality.

*Please contact the Practice Manager of NW Headache and Wellness Center at (503) 601-0300 for further information*