

# 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 the Privacy Officer at MaxMed, 201-880-7802

Effective Date: April 14, 2003 - Revised: September 25, 2014

**Your privacy is our commitment. Your personal health information (PHI) will be protected using the following rules and guidelines:**

This Notice of Privacy Practices (Notice) describes how we may use your PHI within our practice or network and how we may disclose your PHI (share outside of our practice or network) to carry out treatment, payment or health care plans. We may also share your information for other purposes that are permitted or required by law.

**Also, this notice explains your rights to access and control your PHI.**

We will follow the terms, rules and guidelines as outlined in this Notice with respect to maintaining the privacy of your PHI as we are required by law.

**We reserve the right to change and or update our Notice, at any time. Any changes will apply to all PHI.**

**We will gladly provide you with any revised Notice upon your request by the following methods:**

- Posting the new Notice in our office.
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website

## Uses and Disclosures of Protected Health Information

**We may use or disclose (share) your PHI to provide health care treatment for you.**

Your physician, our office staff and/or others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you may share your PHI for the purpose of facilitating your health care treatment. For example, PHI may be provided to a physician to whom you have been referred for evaluation to ensure that physician has the necessary information to diagnose and/or treat you. We may also share your PHI from time-to-time to another physician or health care provider (e.g., a specialist or 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. We may also share your PHI with people outside of our practice that may provide medical care for you such as home health agencies. Also, in order to obtain payment for health related services rendered, we reserve the right to use and disclose your PHI to entities such as private and/or government insurance agencies. There may be services for which we share information with your health plan to determine if the service will be paid for.

**PHI may be shared with the following:**

- Billing companies
- Insurance companies, health plans
- Government agencies in order to assist with qualification of benefits
- Collection agencies

**We may use or disclose, as-needed, your PHI in order to support the business activities of this practice which are called health care operations. Some examples of this include but are not limited to:**

- Training students, other health care providers, or ancillary staff such as billing personnel to help them learn or improve their skills.
- Quality improvement processes which look at delivery of health care and for improvement in processes which will provide safer, more effective care for you.
- Use of information to assist in resolving problems or complaints within the practice.

## **In rare cases, our office may use and disclosure your PHI in situations without your permission: Some examples of this include but are not limited to:**

- Medical research: 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 protected health information.
- Special government purposes: For national security purposes, or if you are a member of the military, to the military under limited circumstances.
- Correctional institutions: If you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals.
- Workers' Compensation: As authorized to comply with workers compensation laws and other similar legally-established programs.
- If required by law: In compliance with the law and will be limited to the relevant requirements of the law.
- Coroners, funeral directors: 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.
- Public health activities: For the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive such information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- Health oversight agencies: To a health oversight agency for activities authorized by law such as audits, investigations, 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.
- Legal proceedings: To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
- Police or other law enforcement purposes: The release of PHI will meet all applicable legal requirements for release.

## **Other uses and disclosures for your health information.**

- Business Associates: Some services are provided through the use of contracted entities which assist in the progress of your health care plan. These entities are referred to as "business associates". We will always release only the minimum amount of PHI necessary... just enough to make it possible for the business associate to perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription services.
- Health Information Exchange: We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.
- Treatment alternatives: We may offer to you a notice of treatment options or other health related services that may improve your overall health.
- Appointment reminders: We may contact you as a reminder about upcoming appointments or treatment.

## **We may use or disclose your PHI in the following situations UNLESS you object.**

- When necessary we may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.
- We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

## **The following uses and disclosures of PHI require your written authorization:**

- Disclosures of for any purposes which require the sale of your information
- Marketing or any and all types
- Release of psychotherapy notes: Psychotherapy notes are notes by a mental health professional for the purpose of documenting a conversation during a private session. This session could be with an individual or with a group. These notes are kept separate from the rest of the medical record and do not include medications and how they affect you, start and stop time of counseling sessions, types of treatments provided, results of tests, diagnosis, treatment plan; symptoms, prognosis.

## **Written Authorization**

All other uses and disclosures not disclosed in this Notice will require a written authorization from you or your personal representative.

A written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time by you, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

## YOUR PRIVACY RIGHTS

**You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. Please contact our staff for the appropriate paperwork.**

**You have the right to see and obtain a copy of your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If requested we will provide you a copy of your record in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

**You have the right to request a restriction of your protected health information.** You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction we will honor the restriction request unless the information is needed to provide emergency treatment. There is one exception: We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

**You have the right to request for us to communicate in different methods or at different locations.**

We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

**You may have the right to request an amendment of your health information.** You may request an amendment to your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

**You have the right to a list of people or organizations who have received your health information from us.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations.

**You have the right to obtain a listing of these disclosures that occurred after April 14, 2003.**

You may request them for the previous six years or a shorter time frame. If you request more than one list within a 12 month period you may be charged a reasonable fee.

### Additional Privacy Rights

- You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this notice the first day we treat you at our facility. In an emergency situation we will give you this notice as soon as possible.
- You have a right to receive notification of any breach of your protected health information.

### Complaints

If you think we have violated your rights or you have a complaint about our privacy practices you can contact: **MaxMed**, Privacy Officer **201-880-7802**

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

If you file a complaint we will not retaliate against you.

This notice was published and becomes effective on April 3, 2003 or date practice adopted the notice.