

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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

### **Recent Updates to the HIPAA Privacy Rule**

In response to recent changes in law and regulation, including updates to support reproductive health and to address proposals made in the Notice of Proposed Rulemaking for the Confidentiality of Substance Use Disorder (SUD) Patient Records ("Part 2 NPRM"), as required by or consistent with the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020, we have updated our privacy practices as follows:

### **Uses and Disclosures of Protected Health Information (PHI)**

Your protected health information 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 healthcare services to you, to pay your healthcare bills, to support the operation of the physician's practice, and any other use permitted or required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party. For example, your protected health information 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.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your healthcare services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name 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 use or disclose your protected health information, as necessary, to contact you to remind you of your appointment and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **Specific Uses and Disclosures**

**Reproductive Health Information:** In accordance with the updated HIPAA Privacy Rule, we are committed to ensuring the confidentiality and security of your reproductive health information. This includes any information related to family planning, pregnancy, contraception, fertility treatments, and other related services. We will not disclose this information without your explicit authorization, except as required by law or in specific circumstances such as:



- **To Your Healthcare Providers:** For treatment purposes to ensure continuity of care.
- **To Public Health Authorities:** If required by law for public health reporting.
- **To Prevent Serious Threats:** If necessary to prevent a serious threat to health or safety.

**Substance Use Disorder Records:** In compliance with the CARES Act and the proposed Part 2 NPRM, we will maintain the confidentiality of your substance use disorder treatment records and only disclose them with your consent, except as required or permitted by law.

We may use or disclose your protected health information in the following situations without your authorization. These situations include as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, and organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures.

Under the law, we must make disclosures to you upon your request. We must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Your Rights**

The following are statements of your rights with respect to your protected health information:

- 1. Right to Inspect and Copy:** You have the right to inspect and copy your protected health information (fees may apply). Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or another person, or information obtained under a promise of confidentiality.
- 2. Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information 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 your requested restriction.
- 3. Right to Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- 4. Right to Obtain a Paper Copy:** 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.



**5. Right to Request Amendment:** You have the right to request that we amend your protected health information if you believe it is incorrect or incomplete. 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. We will provide you with a copy of any such rebuttal.

**6. Right to an Accounting of Disclosures:** You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, or healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

**7. Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically.

We reserve the right to change the terms of this notice and will notify you of such changes at the following appointment. We will also make available copies of our new notice if you wish to obtain one.

### **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 HIPAA Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions about this form, please ask to speak with our HIPAA Compliance Officer by phone at 562-570-4225.

