

Rowan Diagnostic Clinic, PA

Notice of Privacy Practices

March 13, 2003

By seeking or accepting care from the RDC physicians and staff, you honor us with your trust. Protection of the information created by these encounters is a matter we strive to take very seriously. We struggle to balance your convenience with proper handling and dispensing of your personal information.

New Federal Regulations called the Health Insurance Portability and Accountability Act of 1996 (commonly known as HIPAA) require us to tell you how we propose to do this in the future. We understand this notice is long, but the HIPAA Privacy Rule requires us to give many specifics. This document will also explain how you may obtain information about your medical record and its handling. You may call or make an appointment to see the privacy officer listed at the end of this document anytime you feel things have not been handled properly.

Given the policies we already had in place, the way we dispense written information will not change significantly, but encounters within our facility such as your access to certain areas may be appropriately affected. Your cooperation in not trying to obtain information to which you might have incidental exposure is requested and appreciated. The best example of this would be patient names or details you might overhear at reception or check-out.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU.

This will describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI;

Comply with the terms of our Notice of Privacy Practices that is currently in effect .We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our reception area and on our web site @

www.rowandiagnostic.com . We will also provide you with a copy of the revised notice **upon your request** made to our front desk staff.

II. HOW WE MAY USE AND DISCLOSED PROTECTED HEALTH INFORMATION ABOUT YOU.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The following categories describe the different ways we may use and disclose PHI for treatment, payment or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

Treatment: RDC may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. RDC may consult with other health care providers regarding your treatment to better coordinate your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, or other health care services. In addition, RDC may use and disclose PHI about you when referring you to another health care provider. For example, if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications.

RDC may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you.

Payment: RDC may use and disclose PHI so that we can bill for the treatment provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. RDC may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. RDC may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. RDC may use and disclose PHI for billing, claims management, and collection activities. RDC may disclose PHI to insurance companies providing you with additional coverage. RDC may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

RDC may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

Health Care Operations: RDC may use and disclose PHI in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. RDC may use and disclose PHI about you in the following health care operations:

Reviewing and improving the quality, efficiency, and cost of care that we

provide to our patients. For example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provided to others.

Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people.

Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.

Providing training programs for students, trainees, health care providers, or non-health care professional (for example, billing personnel) to help them practice or improve their skills.

Cooperating with outside organizations that assess the quality of the care that we provide.

Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclosed PHI so that one of our nurses may become certified as having expertise in a specific field of nursing.

Cooperating with entities who, by government regulation or insurance contracts, may review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.

Assisting us in making plans for our practice's future operations.

Resolving grievances within our practice.

Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.

Business planning and development, such as cost-management analyses.

Business management and general administration activities of our practice including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.

Creating "de-identified" information that is not identifiable to any individual.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such health care operations may include: reviewing and improving the quality, efficiency and cost of care provided to you; reviewing and evaluating the skills, qualifications, and performance of health care providers; providing training programs for students, trainees, health care providers, or non-health care professionals; cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; and assisting with legal compliance activities of that health care provider or company.

RDC may also disclose PHI for the health care operations of an "organized health care arrangement" in which we participate. An example of an "organized health care arrangement" is the joint care provided by a hospital and the doctors who see patients at the hospital.

Communication From Our Office: RDC may contact you to remind you of appointments and to provide you with information about changes or additions to treatments.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR

WRITTEN AUTHORIZATION

Uses and Disclosures For Which You have the Opportunity to Agree or Object: RDC may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, then we may make these types of uses and disclosures of PHI.

Individuals involved in Your Care or Payment for Your Care: RDC may disclose PHI about you to your family member, any person to whom you have granted general or health care Power of Attorney, close friend, or any other person identified by you, if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object. If you are not present, or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription or other medical supplies to the friend or relative who brought you in for treatment. RDC may also use and disclose PHI to notify such persons of your location, general condition, or death. RDC also may coordinate with disaster relief agencies to make this type of notification. RDC also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other things that contain PHI about you.

OTHER USES AND DISCLOSURES RDC CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

RDC may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Required By Law: RDC may use and disclose PHI as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: RDC may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence: RDC may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: RDC may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure, and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: RDC may use or disclose PHI when required by a court or administrative tribunal order. RDC may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: Under certain conditions, RDC may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if we are unable to obtain a person's agreement because of incapacity or emergency;

- To alert law enforcement of a death that we suspect was the result of criminal conduct;

- Required by law;

- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;

- To identify or locate a suspect, fugitive, material witness, or missing person;

- About a crime or suspected crime committed at our office; or

- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime, or the victim, and the identity of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors: RDC may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, RDC may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

Organ and Tissue Donation: If you are an organ donor, RDC may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

Research: RDC may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

To Avert a Serious Threat to Health or Safety: RDC may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

Specialized Government Functions: Under certain circumstances, RDC may disclose PHI;

- For certain military and veteran activities, including determination of eligibility for veterans for veterans' benefits and where deemed necessary by military command authorities;

- For national security and intelligence activities;

- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to

corrections facilities.

Workers' Compensation: When you state your treatment is due to an on the job injury or other work related problem, North Carolina law requires release of medical records to the insurance carrier responsible to your employer for such claims or their employees.

Disclosures Required by HIPAA Privacy Rule: RDC is required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. RDC is also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (those requests are described in Section III of this Notice).

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. **We are not required to agree to your request.** If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate *reasonable* requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records, but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a

reason for the request.

Right to Receive an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly, pursuant to an authorization of you or your person representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Official identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically.

To obtain a paper copy of this Notice, please contact our front desk staff.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and telephone number listed below. We will not retaliate or take action against you for filing a complaint.

V. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

VI. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact our Privacy Official at the following address and telephone number:

Brent W. Seifert, M. D.
611 Mocksville Avenue
Salisbury, North Carolina 28144
704-633-7220

This notice was published and first became effective on March 13, 2003.

www.nchica.org/HIPAAResources, **Field Guide to HIPAA Implementation-The American Medical Association, Seminars presented by The North Carolina Medical Society**, with multiple presenters including Carol Scheele, JD, & Michael Hubbard, JD with accompanying literature, www.ncmedsoc.org, . HIPAA for Medical Practices- Rowan County Medical Society, Dixon Odom PLLC, Office managers meeting- Valerie Stewart, Privacy Officer, with HIPAA Training Handbook for Physician Practices, www.nchica.org/HIPAA