

# Homewood Family Medicine

## Notice of Privacy Practices

(Effective June 10<sup>th</sup>, 2013)

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.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

**Effective April 2016 we are participating in Health Information Exchange (HIE) in the state of Arizona. If you do not wish have your medical history shared in this HIE please complete sign the "Opt out" form with our front desk staff.**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Homewood Family Medicine. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated at our practice.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights to certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

1. Make sure that medical information that identifies you is kept private;
2. Give you this notice of our legal duties and privacy practices concerning medical information about you; and
3. Follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

We use and disclose medical information in many ways. For each category of uses or disclosure we will explain what we mean and try to find some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. **FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, nursing and medical students, or hospital personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg and may need to tell a dietician if you have diabetes so that we can arrange for a nutritional counselling. We also may share medical information about you in order to coordinate the different things you need such as prescriptions, lab work, diagnostic testing. We also may disclose medical information about you people who may be involved in your medical care such as family members, clergy, rehabilitation centers, etc.
2. **FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive at Homewood Family Medicine may be billed for and payment may be collected from you or on your behalf from an insurance company or third party. For example, we may need to give your health plan information about testing that you received at our practice so your health plan will pay us or reimburse you for those services. We may also tell your health plan about a treatment you're going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
3. **FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information about you for our Homewood Family Medicine operations. These uses and disclosures are necessary to run our organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Homewood Family Medicine patients to decide what additional services our practice should offer, what services are not needed, and whether certain new treatments are effective. We may

also disclose information to doctors, nurses, technicians, nursing and medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other similar organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from the set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**4. APPOINTMENT REMINDERS:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment of medical care at Homewood Family Medicine.

**5. TREATMENT ALTERNATIVES:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**6. INDIVIDUALS INVOLVED IN YOUR CARE PR PAYMENT OF YOUR CARE:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you have been seen in our office. In addition, we may disclose medical information about you to a friend or family member should an emergent situation arise while you are at our office.

**7. RESEARCH:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for the privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our organization. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

**8. AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state or local law.

**9. TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

**10. FOR ALL OTHER USES AND DISCLOSURES:** All other uses and disclosures of information not contained in this Notice of Privacy Practices will not be disclosed without your authorization.

#### **SPECIAL SITUATIONS:**

**1. ORGAN AND TISSUE DONATION:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**2. MILITARY AND VETERANS:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**3. WORKERS COMPENSATION:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

**4. PUBLIC HEALTH RISKS:** We may disclose medical information about you for public health activities. These activities generally include the following

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

- To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

5. **HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care systems, government programs and compliance with civil rights laws.

6. **LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

7. **LAW ENFORCEMENT:** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain a person's agreement.
- About a death we believe may be the result of criminal conduct
- About criminal conduct at the hospital, and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description of location of the person who committed the crime.

8. **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death. We may also release medical information about the patients to funeral directors as necessary to carry out their duties.

9. **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

10. **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

11. **INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement official we may release medical information about you 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) for the safety and security of the correctional institution.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

1. **RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by Homewood Family Medicine will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.

2. **RIGHT TO AMEND:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have a right to request an amendment for as long as all of the information, both old and new, is kept by or for Homewood Family Medicine. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must

provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the medical information kept by or for our Practice;
- Is not part of the information which be permitted to inspect and copay; or
- Is accurate and complete

**3. RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an “accounting disclosures.” This is a list of disclosures we made of medical information about you, excluding disclosures for the purposes of treatment, payment and healthcare operations. To request this list or accounting of disclosures, you must submit your request in writing to the Administrator. Your request must state a time period, which may not be longer than 6 years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional list, we may charge for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**4. RIGHT TO REQUEST RESTRICTION:** You have the right to request restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **WE ARE NOT REQUIRED TO AFREE TO YOUR REQUEST.** If we do agree, we will comply with your request unless information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION:** You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all the reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted we are not obligated to follow your request.

**6. RIGHT TO RESTRICT RELEASE OF INFORMATION FOR CERTAIN SERVICES:** You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out of pocket basis. This information can be released only upon your written authorization.

**7. RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy if this notice. To obtain a copy of this notice, ask any of our office staff or our Privacy Officer or you may write to our Practice at Homewood Family Medicine, 4540 E. Baseline Rd., Ste. 113, Mesa, AZ 85206.

**8. RIGHT TO BREACH NOTIFICATION:** You have the right to be notified of any breach of your unsecured healthcare information.

#### **CHANGES TO THIS NOTIFICATION**

We reserve the right to change this notice, we reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the correct notice in our office. The notice will contain on the first page, the effective date. In addition, each time you are seen for treatment or health care services at our office, we will offer you a copy of the current notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with Homewood Family Medicine, please write to the Privacy Officer at Homewood Family Medicine, 4540 E. Baseline Rd., Ste. 113, Mesa, AZ 85206. All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

I acknowledge receipt and have read and understand the Notice of Health Information Practices regarding my providers participation in The Network, the statewide Health Information Exchange (HIE), or I previously received this information and decline another copy.

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( Patient Signature)

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(Date)