

Notice of Privacy Practices

In accordance with the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*, we are providing you with this Notice of Privacy Practices. This notice describes how we may use and disclose your Protected Health Information (PHI). It also describes your rights to access and control your PHI. You may opt out of this agreement at any time by presenting this office with written notice of your wishes. We may change the terms of this Notice of Privacy Practices at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. A copy of this notice will be posted in our office at all times.

YOUR 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 and related health care services.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your Protected Health Information (PHI) for treatment, payment, health care operational purposes, and for other purposes that are permitted or required by law.

For your treatment requirements, we may use your health information to provide you with medical treatment and necessary services. In addition, we may need to disclose your health information to physicians, nurses, technicians, office staff, and other ancillary personnel who are involved in your health care (pharmacists, pharmacy staff, laboratory technicians, radiology staff, etc.). Designated family members and other healthcare providers (such as surgical supply houses, case managers, social workers, and visiting nurses) may also require medical information about you. However, your written consent will be required before sending Protected Health Information to another office or facility that is outside the treatment endeavors of this office.

For payment purposes, we may be required to disclose health information about you such as diagnoses and treatment modalities in order for this office to be reimbursed for the services we provide to you. Other personal health and identifying information (social security number, banking information, drivers license number) may be disclosed so health insurers and financial institutions can settle all or a portion of your account with this office. We may also share information with your health plan concerning the treatment recommended in order to receive their prior approval.

To perform quality evaluations and monitor office operations, we may use and disclose your PHI. For example, we may use your health information to evaluate the performance of our staff in servicing your needs. Such information may also be used to determine what additional services we can or should offer to improve the effectiveness of our treatment procedures.

PATIENT'S RIGHT TO REVIEW PERSONAL HEALTH INFORMATION

You may, and are encouraged, to review your entire health care record maintained in this office by making an appointment with our administrator. Please feel free to discuss and put in writing any discrepancies you feel may be present so that we can resolve any issues or questions of care and service.

APPOINTMENT REMINDERS

Our practice may use and disclose your PHI to contact you and remind you of an appointment, to discuss billing issues, or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. **By consenting to our Notice of Privacy Practices, you are hereby giving us permission to mail documents to you at your residence that may include PHI or to call you regarding issues about your healthcare services provided by us. If you do not wish us to leave messages on your voicemail or answering machine, it is your responsibility to inform us in writing as to how you would like us to contact you.**

SITUATIONS REQUIRING RELEASE OF PROTECTED HEALTH INFORMATION

Some situations may require the release of your PHI without your written consent:

1. Emergencies, if we try to obtain consent as soon as possible after treatment;
2. Instances in which significant barriers to communicating with you exist and we determine that consent was clearly implied;
3. Situations in which we are required by law to provide treatment and we are unable to obtain your consent;
4. In which the use or disclosure is required by law;
5. For certain public health activities such as reporting births, deaths, communicable diseases, etc.;
6. In which we reasonably believe you are a victim of abuse, neglect, or domestic violence to a government agency authorized to receive abuse, neglect, or domestic violence reports;
7. Health care oversight activities such as audits, investigations, or licensing purposes;
8. Certain legal administrative proceedings in response to a court or administrative order;
9. Certain legal enforcement purposes in response to a subpoena, warrant, or summons, subject to all applicable legal requirements;

10. To coroners, medical examiners, and funeral directors;
11. For organ, eye, or tissue donation purposes, to facilitate such donation, if you are an organ donor;
12. For certain research purposes that are subject to a special authorization process signed and reviewed by you;
13. To avoid a serious threat to public health and safety;
14. For specialized government functions if you are or were a member of the armed forces, or part of the national security or intelligence communities;
15. For Workers' Compensation purposes in the case of a work related injury or illness.
16. To a family member, friend, or other person you choose, who may assist in your care or payment for care.

We will not use or disclose your PHI for any purpose other than those identified in the previous sections without your specific written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization from you, (different from the authorization and consent mentioned above). In order to disclose this type of medical information for purposes of treatment, payment, or health care operations, we are required to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your PHI. You may:

1. Inspect and copy health data by submitting a written request to our privacy officer. (a reasonable fee will be charged)
2. Amend protected health information, if you believe it is incorrect, by submitting a written request to our privacy officer.
3. Receive a list of disclosures made of your protected health data. To obtain this list of disclosures, you must submit your request in writing to our privacy officer. We may charge you 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 any time before any costs are incurred.

4. Request restrictions on certain uses and disclosures of facts about you. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you may have had. However, we are not required to agree to the requested restrictions. To request restrictions, you must submit a written request to our privacy officer.
5. Receive confidential communication of protected health data by giving us a specific means of communication. For example, you can request that we only contact you at work or via U.S. mail. Please submit such a request in writing to our privacy officer.
6. Obtain a paper copy of this notice upon request, if you agreed to originally accept this notice via e-mail or facsimile.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us. Complaints should be directed to Dr. Asifa Pathan. You will not be penalized for filing a complaint.