

Maineville Family Physicians HIPPA Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USE AND DISCLOSED HOW YOU CAN GET ACCESS TO THIS INFORMATION

General Rule

We respect our legal obligations to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices.

Generally, we cannot use your health information in our office or disclose it outside of our office without your written permission. Sometimes the written permission will be called a consent form and sometimes it will be called an authorization form. The type of permission form will depend upon the kinds of uses or disclosures that are involved. In some limited situations, the law allows or requires us to disclose your health information without either a written consent or authorization.

Uses or Disclosures with Consent

We will ask you to sign a consent form allowing us to use and disclose your health information for purposes of treatment, payment and health care operations of this office. We are allowed to refuse to treat you if you do not sign the consent form.

We use information for treatment purposes, when, for example, we set up an appointment for you with another physician or specialist. We may disclose your health information outside of our office for treatment purposes, if, for example, we send you to another doctor or clinic for consultation or other medical services or when we provide a prescription for medications to a pharmacist. Sometimes we may ask for copies of your health information from another professional that you may have seen before us.

We use your health information for payment purposes when, for example, our staff asks you about health care plans that you may belong to or about other sources of payment for our services, when we prepare bills to send to you or your health care plan, when we process payments by credit card and when we try to collect unpaid amounts due. We may disclose your health information outside of our office for payment purposes when for example, bills or claims for payment are mailed, faxed or sent by computer to you or your health plan or when we occasionally have to ask a collection agency or attorney to help us with unpaid amounts due.

We use and disclose your health information for health care operations in a number of ways. Health care operations mean those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information for example, for financial or billing audits, for internal quality assurance, for personnel decisions, to enable our doctors to participate in managed care plans for the defense of legal matters, to develop business plans and for outside storage of our records.

Unless you object, we may disclose to a member of your family, a relative, close friend or any other person your identity your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure we may disclose

such information necessary if we determine that it is in your best interest based upon our professional judgment. We may disclose such health information to notify or assist in notifying said identified 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 and to coordinate uses and disclosures to family or other individuals involved in your health care.

Uses and Disclosures without Consent or Authorization

In some limited situations the law allows or requires us to use or disclose your protected health information without your permission. Not all of these situations will apply to us. Some may never come up at our office at all. Such potential uses or disclosures are:

when a state or federal law mandates that a certain health information be reported for specific purpose

for public health purposes, such as contagious disease reporting, investigation or surveillance and notices to and from the Food Administration regarding drugs or medical device

to government authorities about victims of suspected abuse, neglect or domestic violence

for health oversight activities such as for the licensing of doctors for adults by Medicare or Medicaid, or for investigation of possible violations of health care laws

for judicial and administrative proceedings, such as in response to subpoena or orders of courts or administrative agencies

for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime, to provide information about a crime at our office, or to report a crime that happened somewhere

to a medical examiner to identify a dead person or to determine the cause of death, or to funeral directors to aid in burial or to organizations that handle organ or tissue donations

for health related research

to prevent a serious threat to health or safety

for specialized government functions, such as for the protection of the U. S. President or other high ranking government officials, for lawful national intelligence agencies, for military purposes or for the evaluation and health members of the foreign service

relating to worker compensation programs

to business associates who perform health care operations for us and who agree to keep your health information private

if you are an inmate of correctional facility and your healthcare provider creates or provides information in the course of providing care to you

Appointment Reminders

We may call to remind you of scheduled appointments. We may also call to notify you of other treatments or services available at our office that might help you. We may also call to notify you of the results of special testing that have been ordered for any ongoing treatment.

Other Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you sign one, you may revoke it any time unless we have already acted in reliance upon it.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You can:

Ask us to restrict our uses and disclosures for purposes of treatment except emergency treatment, payment of health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Office Manager at the address or fax number shown at the beginning of this notice

Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at your home, by mailing health information to a different address. We will accommodate these requests if they are reasonable and if you pay us for any extra cost. If you want to ask for confidential communications, send written request to the Office Manager at the address or fax at the beginning of this notice

Ask to see or to get photocopies of your health information. By law there are few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the Office Manager at the address or fax shown at the beginning of this notice

Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60-days from when you ask us. We will send the corrected information to persons who we know received the wrong information and others that you specify. If we do not agree you can write a statement if your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of

Position and or our rebuttal is included in your health information we will send it along whenever we make a permitted disclosure of your health information. By law we can have one 30day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request including your reasons for the amendment to Office Manager at the address or fax shown at the beginning of this notice

Get a list of the disclosures that we have made of your health information within the past six years (of a shorter period if you want), except disclosures for purposes of treatment, payment or health care operations and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60-days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send written request to the Office Manager at the address or fax shown at the beginning of the notice

Our Notice of Privacy Practices

By, law we must abide by the items of this Notice of Privacy Practices until we choose to change it. We respect the right to change this notice at any time in compliance with and as allowed by law. If we change this notice the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office and post it on our website.

Complaints

If you think that we have not properly respected the privacy of your health information you are free to complain to us or the U.S. Department of Health and Human Services Offices for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send written complaint to the Office Manager at the address or fax shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone.

For More Information

If you want more information about our privacy practices call or visit the Office Manager at the address or phone number shown in the beginning of this notice.

This notice was published and becomes effective January 1, 2008. This does not have a termination date.

Maineville Family Physicians

Patient Name (Print) _____, I have received, read, and understand the HIPPA Policy that Maineville Family Physicians have in place. I do not have any questions regarding said policy.

Patient Signature _____ Date: _____