

MAINTAINING THE PRIVACY
OF
PATIENT INFORMATION

A plan to comply with the Privacy Regulations promulgated by the US
Department of Health and Human Services under the authority of the

Health Insurance Portability and Accountability Act (HIPAA) OF 1996,
Codified at 45 CFR 14.102-106 and 164.500-534

Partners in Family Health
4700 32nd Avenue
Hudsonville, MI 49426

Partners in Family Health

Notice Of Privacy Practices

As required by the privacy regulations created because of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following essential information:

- How we may use and disclose your PHI.
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.
- We will comply with the Breach Notification Rule.

B. We may use and disclose your PHI in the following ways:

- 1. Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist you in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
- 2. Payment.** Our practice may use and disclose your PHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to verify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your

PHI to bill you directly for services and items. We may disclose PHI to other health care providers and entities to assist in their billing and collection efforts.

3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Disclosures Required by Law.** Our practice will use and disclose your PHI when required to do so by federal, state, or local law.
5. **Health-Related Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
6. **Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment. It is our office policy to use an automated reminder call service to remind you of upcoming appointments. If you are web-enabled, you will also receive a reminder via our Patient Portal. If the automated reminder fails, a member of our staff will contact you. The information that is typically left includes the date and time of the appointment and the provider's name.

C. Use and disclosure of your PHI in certain special circumstances:

1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information, Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Serious threats to health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

3. Lawsuits and Disputes. Our practice may use and disclose your PHI in response to a court or administrative order if you engage in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved

in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Deceased Patient. Our practice may release PHI to a coroner or medical examiner to identify a deceased individual or determine the cause of death. If necessary, we also may release information for funeral directors to perform their jobs.

5. Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena, or similar legal process,
- To identify/locate a suspect, material witness, fugitive, or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator).

7. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

8. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials to protect the President, other officials, or foreign heads of states, or to conduct investigations.

9. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

- for the institution to provide health care services to you,
- for the safety and security of the institution, and/or
- to protect your health and safety or the health and safety of other individuals.

10. Worker's compensation. Our practice may release your PHI for workers' compensation and similar programs.

11. Prenatal Care Records. Our office provides obstetrical care. If your newborn child also receives care from us a copy of your prenatal record will be placed in your child's medical record as well.

12. Additional Privacy for Reproductive Health Care. Federal law prohibits us from using or disclosing your information when it is being sought to investigate or impose liability on you, health care providers, or others who seek, obtain, provide, or facilitate lawful reproductive health care, or to identify persons for such activities. This prohibition applies where we, or others acting on our behalf, have determined that:

- (1) The reproductive health care is lawful under the law of the state in which it was provided under the circumstances in which it was provided, for example, if a resident of one state traveled to another state to receive

reproductive health care, such as an abortion, that is lawful in the state where such health care is provided; or

- (2) The reproductive health care is protected, required, or authorized by Federal law, including the U.S. Constitution, regardless of the state in which such health care is provided, for example, if the use of the reproductive health care, such as contraception, is protected by the Constitution; or
- (3) The reproductive health care was not provided by us, but we presume it was lawful. However, if we received a request for your information, and we have actual knowledge that the reproductive health care was not lawful under which it was provided to you, this presumption does not apply, for example, if you tell us you received reproductive health care from an unlicensed person and we know that the specific reproductive health care must be provided by a licensed health care provider.

D. Additional Privacy for Reproductive Health Care:

When we receive a request for your information potentially related to reproductive health care, we must obtain a signed attestation from the requester that the use or disclosure is not for a prohibited purpose when the request relates to health oversight activities, judicial and administrative proceedings, law enforcement purposes, and disclosures to coroners and medical examiners. For example, if we receive a lawful subpoena for medical records that include information related to reproductive health, we must obtain a signed attestation from the requester that states the request is not for a prohibited purpose.

E. Your rights regarding your PHI:

Confidential communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. To request a type of confidential communication, you must make a written request to the office manager of Partners in Family Health at 4700 32nd Avenue, Hudsonville, MI 49426 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. To request a restriction in our use or disclosure of your PHI, you must make your request in writing to the Office Manager of Partners in Family Health at 4700 32nd Avenue, Hudsonville, MI 49426. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure, or both,
- To whom you want the limits to apply.

Right to Inspect and Copy. You have the right to look at or get a copy of PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Office Manager of Partners in Family Health at 4700 32nd Avenue, Hudsonville, MI 49426. If you request copies, we do utilize the services of CIOX (formerly known as HealthPort), which may charge a fee for the costs associated with your request. We can provide you with a direct number for questions regarding their fee structure.

Right to Amend. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Office Manager. 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. We may deny your request if you ask us to amend information that:

- a. Was not created by us.
- b. Is not part of the medical information kept by this office.
- c. Is not part of the information which you would be permitted to inspect and copy; or
- d. Is accurate and complete.

Right to an Accounting of Disclosures. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. To request this accounting of disclosures, you must submit your request in writing to the Office Manager of Partners in Family Health. Your request must state a time which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the cost involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. Please ask our office staff if you would like one.

Breach Notification Rule

1. Partners in Family Health will comply with the breach notification rule as required for HIPAA covered entities. Following a breach of unsecured protected health information Partners in Family Health will provide individual notice in written form by first-class mail to the affected individual. If unable to contact due to insufficient or out-of-date information, telephone contact will be attempted.

Revisions to This Notice

We reserve the right to revise this Notice. Any revision will be effective for medical information already obtained as well as any information we receive in the future. We will post a copy of any

revised Notice in this office. Any revised Notice will appear on the first page, in the top right corner, the effective date. In addition, each time you visit the office you may request a copy of the current Notice in effect.

Complaints

If you are concerned that we have violated your privacy rights, you may contact the person listed below. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Washington, DC.

This office will not penalize you in any way for filing a complaint.

If you have any questions or complaints, please contact Privacy Officer:

**Lisa Russo, Office Manager
Partners in Family Health
4700 32nd Avenue, Hudsonville, MI 49426
Phone: (616) 662-2011, Fax: (616) 662-2222**