

CCMC FACULTY PRACTICE PLAN, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

CCMC Faculty Practice Plan, Inc. (FPP) respects the privacy of your health information and is committed to maintaining our patients' confidentiality. This Notice describes your rights and our obligations regarding your health information, and informs you about the possible uses and disclosures of your health information. This notice applies to all information and records related to your care that we have received or created. It extends to information received or created by our employees, staff and volunteers, as well as by doctors and other health care practitioners practicing as, or in conjunction with, FPP.

UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Each time you visit a hospital, physician, or other healthcare provider a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or your insurer can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research;

- A source of information for public health officials charged with improving the health of the nation; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy;
- Better understand who, what, when, where, and why others may access your health information; and
- Make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- **Request a restriction** on our use or disclosure of your health information for treatment, payment or healthcare operations. You have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment of your care.

We are not required to agree to your requested restriction (except that, under certain circumstances, you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we will comply with

your request, except as needed to provide you emergency treatment.

- **Obtain a paper copy of this Notice** of information practices upon request at any time. In addition, you may obtain a copy of this Notice at our website: www.ccmckids.org/fpp
- **Inspect and copy your health record** as provided for in 45CFR 164.524.
- **Submit a request to amend your health record** maintained by FPP for as long as the information is kept by or for FPP. Your request must be made in writing on a specific form and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by FPP, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for FPP; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by FPP. If we deny your request for amendment, we will give you a written denial, including the reasons for the denial, and the right to submit a written statement disagreeing with the denial.

- **Obtain an accounting of certain disclosures** of your health information. This is a listing of disclosures made by FPP, or others, on our behalf, but does not include disclosures for treatment, payment and healthcare operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 14, 2003 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure or a copy of the authorization or request or certain summary information concerning multiple disclosures. The first accounting provided within a 12-month period will be free; for further requests, a cost will be charged.

- **Request confidential communications** of your health information in a certain manner or at a certain location. For example, you can request that we contact you only at a certain telephone number. We will accommodate your reasonable requests.
- **Revoke your authorization to use or disclose** health information, except to the extent that action has already been taken

OUR RESPONSIBILITIES

This organization is required to:

- Maintain the privacy of your health information;
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative

means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information that we maintain. Should our information practices change, we will post the new notice in the clinic, and our on website.

We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information, you may contact the CCMC Faculty Practice Plan, Inc. Privacy Officer at (860) 545-8015.

If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer or with the Office of Civil Rights in the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

*We will use and disclose your health information for **treatment**.*

We will use and disclose your health information in providing you with treatment, services and coordinating your care. Doctors, nurses, as well as lab technicians, dieticians, physical therapists or other personnel involved in your care, may use your health information.

For example: information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document, in your record, his or her

expectations of the members of your healthcare team. Members of your healthcare team will then record their actions and observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician, or a subsequent healthcare provider, with copies of various reports that should assist him or her in treating you if you are referred to another physician.

*We will use your health information for **payment**.*

We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to your representative, insurance or managed care company, Medicare, Medicaid or another third party payer.

For example: a bill may be sent to you or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for **regular healthcare operations**.*

We may use and disclose your health information, as necessary, for practice operations, such as for management purposes and to monitor our quality of care.

For example: members of the medical staff, the risk or quality improvement departments, or members of committees, may use information in your health record to assess the care and outcomes in your case and others similar to it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

USE AND DISCLOSE FOR SPECIFIC PURPOSES

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services with FPP, and a transcription company. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your insurer. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify, or assist in notifying, a family member, personal representative, or another person responsible for your care or payment of your care. Unless you object, we may disclose health information about you to persons including clergy, who are involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in the arrangement for payment for your care.

Communication with Family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Funeral Directors, Coroners, Medical Examiners, Organ Procurement Organizations: We may disclose health information to funeral directors, coroners, medical examiners and organ procurement organizations consistent with applicable law to carry out their duties.

Marketing/Appointment Reminders: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information, to the extent authorized by and to the extent necessary, to comply with laws relating to worker's compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, child abuse or neglect cases, births and deaths, or communicable disease.

Emergencies/Disaster Relief: We may use or disclose health information, as necessary, in emergency treatment situations. We will attempt to obtain an authorization as soon as possible. We may disclose health information about you to an organization assisting in a disaster relief effort.

Communication Barriers: We may use or disclose your health

information, as necessary, when we are unable to obtain your consent due to communication barriers, if we believe that your consent is intended based on the circumstances.

Correctional Institution/Law Enforcement: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes, including the health and safety of you and others, suspicious deaths, or in response to a valid subpoena, court order or warrant.

Health Oversight Agency: We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, licensure or other legal proceedings. These activities may include government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Serious Threat to Health or Safety: To prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

Military and Veterans: If you are a member of the armed forces, we may use and disclose your health information, as required by military command authorities. We may also use and disclose health information about foreign military personnel, as required by the appropriate foreign military authority.

National Security and Intelligence Activities: We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States,

certain other persons or foreign heads of states or to conduct certain special investigations.

As Required by Law: We may disclose your health information when required by law to do so.

YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES

Except as described in this Notice, we will use and disclose your health information only with your written authorization. While your written acknowledgement of receipt of our privacy practices allows us to use and disclose your health information for treatment, payment and health care operations, an authorization must specify other particular uses or disclosures that you may allow. You may revoke an authorization to use or disclose your health information for the purposes covered by that authorization, except where we have already relied on the authorization.

DISCLOSURES OF BEHAVIORAL HEALTH, SUBSTANCE ABUSE AND HIV-RELATED HEALTH INFORMATION

Special restrictions may apply to the disclosure of behavioral health conditions, substance abuse and HIV-related testing and treatment. Your authorization or a court order is required for release of this information in response to a subpoena.

Behavioral Health: If necessary for your diagnosis or treatment in a behavioral health program, behavioral health information may be disclosed based on your general consent. Very limited information may be disclosed for payment purposes. Otherwise, behavioral health information may not be disclosed without your consent or authorization except as specifically permitted under state law.

HIV-related Information: HIV-related information may be

disclosed based on your consent for purposes of treatment or payment, but your consent or authorization will be necessary for other disclosures except as permitted under state law.

Substance Abuse Treatment: If you are treated in a specialized substance abuse program, your consent or authorization will be needed for most disclosures, not including emergencies, certain reporting requirements and other disclosures specifically allowed under Federal law.

CHANGES TO THIS NOTICE

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures of health information, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by FPP, as well as for all health information we receive in the future. We will post a copy of the current Notice in the FPP Practice Offices. In addition, we will post a copy of the revised Notice on our website (www.ccmckids.org/fpp) and provide a copy to all patients at their next encounter with FPP.

NOTICE EFFECTIVE DATE

This notice went into effect on August 2, 2005.

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint in writing with us (through the Compliance/HIPAA Officer and/or committee) or with the government.

1. To file a complaint with the government, you may contact:

Office of Civil Rights
U.S. Department of Health
and Human Services
200 Independence Avenue,
S.W., Room 509F
Washington, D.C. 20201

2. To file a complaint with us, you should contact the Compliance HIPAA officer on the 5th floor, 5B, phone 860-545-8015.
3. **You will not be retaliated against for filing a complaint.**