

BASH FAMILY PRACTICE P.C. NOTICE OF PRIVACY PRACTICE

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.

This notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

I. Uses and Disclosures of Protected Health Information

The provider may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the Provider has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State Law.

- A. **Treatment.** We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers (such as, pharmacy, x-ray, DME, or specialists you are referred to).
- B. **Payment.** We may use and disclose your protected health information for our payment purpose as well as the payment purposes of other health plans.
- C. **Operations.** We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Subject

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

- A. **When Legally Required.** We will disclose your protected health information when we are required to do so by any Federal, State or local law.
- B. **When There Are Risks to Public Health.** We may disclose your protected health information to prevent, control, or report disease, injury or disability as permitted by law.
- C. **To Report Abuse, Neglect Or Domestic Violence.** We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence.
- D. **To Conduct Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.
- E. **In Connection With Judicial And Administrative Proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceeding.
- F. **For Law Enforcement Purposes.** We may disclose your protected health information to a law enforcement official for law enforcement purposes.
- G. **To Coroners, Funeral Directors, and for Organ Donation.** We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- H. **For Research Purposes.** We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.
- I. **In the Event of A Serious Threat To Health Or Safety.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- J. **For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the provider to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.
- K. **For Worker's Compensation.** The provider may release your health information to comply with worker's compensation laws or similar programs.

III. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object:

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Your Rights

You have the following rights regarding your health information:

- A. **The right to inspect and copy your protected health information.** You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information.
- B. **The right to request a restriction on uses and disclosures of your protected health information.** You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment, or health care operations.
- C. **The right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests.
- D. **The right to have your physician amend your protected health information.** You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information.
- E. **The right to receive an accounting.** You have the right to request an accounting. You have the right to request an accounting of certain disclosures of your protected health information made by the provider.
- F. **The right to opt out of fundraising.** You can opt out of receiving fundraising communications from the office.
- G. **The right to obtain a paper copy of this notice.** Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

V. Our Duties

The provider is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain.

VI. Complaints

You have the right to express complaints to the provider and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated.

VII. Breach Notification

The office will notify patients in writing in the event of an unauthorized use or disclosure of your health information occurs. Notice of any such use or disclosure will be made in accordance with state and federal regulations.

VIII. Use and Disclosures Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization. The following disclosures require your authorization.

- A. Psychotherapy notes: These are notes of a mental health professional that are kept separate from the record itself.
- B. Protected information that the office uses for marketing.

Family Member Name	Relationship to You	Phone Number

Acknowledgement of Review of Privacy Practices

Print Name

Signature

Relationship to Patient: _____

Date: _____

THIS IS A CONDENSED VERSION OF THE PRIVACY PRACTICE. A FULL LENGTH VERSION IS AVAILABLE UPON REQUEST.