

# HIPAA PRIVACY POLICIES & PROCEDURES for Hines Health Clinic

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable Protected Health Information. (PHI). Please review this notice carefully.

## **A. Our commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your 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 also are 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 this Notice of Privacy Practices that we have in affect at the time.

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

How we may use and disclose your PHI

Your privacy rights in your PHI

Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice Of Privacy Practices (Notice). Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice of our offices in a visible location at all times, and you may request a copy of our most current Notice at any time, or download from our website.

**B. If you have questions about this Notice**, please contact our Privacy Officer Diane Wheeler at 479 636-3021 or mail 305 N 24<sup>th</sup> St, Rogers, AR. 72756, for further information.

## **C. 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 X-Rays and then use the results to help us reach a diagnosis. Many of the people who work for our practice, including, but not limited to, our doctors and staff may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist 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 in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify 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 also may 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 at your home, post office box, or email. We may disclose your 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 received 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. Appointment reminders:** Our practice may use and disclose your PHI to contact you and remind you of an appointment. Our practice may leave a message for you concerning an appointment at your home,

workplace or answering machine.

**5. Treatment options:** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

**6. Health-related benefits and services.** Our practice may use and disclose your PHI to inform you of health-related benefits that may be of interest to you.

**7. Release of information to family/friends:** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the office for treatment. In this example the appointed individual may have access to the child's PHI.

**8. Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

#### **D. Use and disclosure of your PHI in certain special circumstances:**

The following categories describe unique scenarios in which we may use or disclose your PHI.

**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 or condition

- Notifying a person regarding risk for contracting or spreading 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 regarding potential abuse, neglect of adult patient

- Notifying your employer under limited circumstances related to workplace injury or illness

**2. Health oversight activities:** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys and disciplinary actions: civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**3. Lawsuits and similar proceedings:** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may 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. 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 or locate a suspect, material witness, fugitive or missing person

- In an emergency, to report a crime (including location or description of victim or perpetrator)

**5. Deceased Patients:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual. If necessary, we also may release information in order for funeral directors to perform their job.

**6. Serious threats to health or safety:** Our practice may use and disclose your PHI when it is 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 the person or organization able to help prevent that threat.

**9. Military:** Our practice may disclose your PHI if you are a member of United States or foreign

military forces (including veterans) and if required by the appropriate authorities.

**10. National security:** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

**11. 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.

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

**E. Your rights regarding your PHI:** You have the following rights regarding your PHI at our clinic.

**1. 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. In order to request a type of confidential communication, you must make a written request to our compliance officer 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 the request.

**2. 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 you care, such as family members or 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. In order to request a restriction in our use or disclosure of your PHI, you must make a request in writing to our compliance officer.

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.

**3. Inspection and copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to our compliance officer in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct the review.

**4. Amendment:** 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 our compliance officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: accurate and complete, not part of the PHI kept by or for the practice, or not created by our practice.

**5. Accounting of disclosures:** All of our patients have the right to request an "accounting of disclosures". Which is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to 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 a staff member, or billing department. In order to obtain an accounting of disclosures, you must submit in writing to our compliance officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than 6 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 costs involved with additional requests, and you may withdraw your request before you incur any

costs.

**6. Right to a paper copy of this notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a copy you can ask our compliance officer, or obtain a copy from the HIPAA notebook in the reception area, or download a copy from our website.

**7. Right to file a complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our compliance officer. All complaints must be submitted in writing. A complaint form will be provided for a patient who believes their privacy rights have been violated. We have a no retaliation policy against any patient who in good faith has lodged a complaint.

**8. Right to provide an authorization for other users and disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records for your care.

We will keep the signed Consent to Treatment and Acknowledgment of Receipt of our Notice of Privacy Practices Form in the patient chart. If a patient wants to revoke the consent, he/she may do so by written notice.

**Business Associates:** Hines Health will obtain business agreements as specified by the federal government after 4/1/2003 that will indicate their responsibility for our patient's PHI. The agreement will outline how they may disclose PHI and safeguard this information. If we discover that they have violated the Privacy provisions of this Agreement, we will take immediate steps to make sure the violations stop or it will become necessary to terminate the contract with that associate.

**Staff Training and Management:** We will be training our staff regarding our Privacy Policies so they may carry out their duties appropriately. New staff members will be trained within a reasonable time after the person begins employment. If there is a material change in our practices, we will retrain all staff members within a reasonable time after that change. If a staff member violates our Privacy Policies or other federal or state laws, he/she will be subject to disciplinary action, up to and including suspension without pay or termination of employment.

**Safeguards:** Our practice will honor these Privacy Policies and Procedures within our daily operations by taking reasonable steps to ensure that incidental uses and disclosure of PHI will be avoided. While it is impossible in the practice environment to completely limit the possibility of overheard conversation among staff regarding patients, we will not use any information such as patient's full name that may identify a patient. We will be discreet when asking for payment, discussion of treatment options in areas where it can be overheard by using low voices. Employees will be given computer passwords and will be limited to computer access to the information necessary for them to carry out daily duties.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our compliance officer, Diane Wheeler, 305 N 24<sup>th</sup> St, Rogers, AR 72756 479 636-3021

These policies and procedures are effective 4/14/2003 and may only be changed by the owners of the practice, Drs' Steven and Teri Hines.