

HIPAA



NOTICE OF PRIVACY PRACTICES

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

OUR LEGAL DUTY

We are required to maintain the privacy of protected health information (PHI). PHI includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your healthcare. You will be notified in the event of an unsecured breach involving your PHI.

CHANGES TO THIS NOTICE

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a copy of our most current privacy notice from our office.

For more information about our privacy practices, or for additional copies of this notice, please contact us at the following address:

Clinical Urology Associates, P.C.
713 Goodyear Avenue
Gadsden, AL 35903

source of the information.(g) A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety of that or another person.

You have the right to request a correction of your PHI, but we may deny your request for correction, if we determine that the PHI or record that is the subject of the request: (a) Was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment.(b) Is not part of your medical or billing records.(c) Is not available for inspection as set forth above.(d) Is not accurate and complete. **In any event, any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.**

You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the period provided by law, except for disclosures: (a) to carry out treatment, payment, and health care operations as provided above.(b) to persons involved in your care or for other notification purposes as provided by law. (c) For national security or intelligence purposes as provided by law. (d) to correctional institutions or law enforcement officials as provided by law. (e) that occurred prior to April 14, 2003. (f) That are otherwise not required by law to be included in the accounting. **Other Items:** (a) You have the right to request and receive a paper copy of this notice from us. (b) The above rights may be exercised only by written communication to us. Any revocation or other modification of consent must be in writing delivered to us. (c) If you believe your rights have been violated, you should immediately contact our Practice or our Privacy Officer. All complaints must be submitted in writing. We will not take action against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

Disaster Relief: When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.

YOUR RIGHTS

You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations including a right to opt out of any fundraising. However, we are not required to agree with your request.

You have the right to reasonably request to receive communications of PHI by alternative means or at alternative locations.

Subject to reasonable copying charge as provided by law, you have the right to inspect or obtain a copy of the PHI contained in your medical and billing records and in any other practice records used by us to make decisions about you except for:

- (a) Information compiled in a reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. (b) PHI involving laboratory tests when your access is required by law. (c) If you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you. (d) If we obtained or created PHI as part of a research study for as long as the research is in progress, provided that you agree to the temporary denial of access when consulting to participate in the research. (e) Your PHI is contained in records kept by a federal agency or contractor when your access is required by law. (f) If the PHI was obtained from someone other than us under a promise of confidentiality and the access revealed would be reasonably likely to reveal the

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Permitted Uses and Disclosures:

Treatment: Treatment means the provision, coordination, or management, of your health care, including consultations between healthcare providers regarding your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

Payment: We may use and disclose PHI to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other review activities. For example, prior to providing health care services, we may need to provide to your insurance carrier information about your medical condition to determine whether the proposed course of treatment will be covered.

Healthcare operations mean the support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, management, and administrative activities. For example, we may use your PHI to evaluate the performance of our staff caring for you. YOU may restrict disclosure of PHI to your health plan if you agree to pay for the services in full, out-of-pocket and request that we not disclose the information to your carrier.

DISCLOSURES RELATED TO COMMUNICATIONS WITH YOUR FAMILY

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 or relate specifically to your medical care through our office. For example, we may leave appointment reminders on your answering machine or with a family member

or other person who may answer the telephone at the number you have given us in order to contact you. We may disclose your PHI to your family and friends or any other individual identified by you when they are involved in your care or the payment for your care. We may also use or disclose your PHI to notify, assist in the notification of a family member, a personal representative, or another person responsible for your care of your location, general condition, or death. If you are available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the PHI that is directly related to their involvement in your care. We will allow your family and friends to act on your behalf to pick up prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment that it is in our best interest to make such disclosures.

Organ and Tissue Donation: If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation to an organ donation bank, as necessary to facilitate organ tissue donation and transplantation.

Military and Veterans: If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Public Health Risks: We may disclose PHI about you for public health activities. These activities generally include the following: (a) to prevent or control disease, injury, or disability (b) to report births and deaths (c) to report victim of abuse, neglect, or domestic violence (d) to report reactions to medications (e) to notify people of product recalls, repairs, or replacements (f) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose PHI to federal and state agencies that oversee our activities. These activities are necessary for the

government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose PHI to persons under the Food and Drug Administration's jurisdiction to track products or to conduct post-marketing surveillance.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official: (a) in response to a court order, subpoena, warrant, summons or similar process (b) to identify or locate a fugitive, material witness, or missing person (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement (d) about a death we believe may be the result of a criminal conduct. (e) about criminal conduct on our premises (f) in emergency circumstances to report a crime; the location of the crime or the victim's identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral

Directors: We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.