



Effective Date 12/01/2007; amendment 08/26/2013

## 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.**

**Please review it carefully.**

A federal regulation, known as “HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule”, requires that we provide detailed notice in writing of our privacy practices.

### I. OUR LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION

Physician Now Urgent Care is required by law to protect the privacy of our patients' health information. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient or could possibly identify a patient. This information is called “protected health information” or “PHI”. This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- maintain the privacy of medical information that identifies you;
- give you this Notice of our legal duties and privacy practices with respect to medical information with collect and maintain about you; and
- comply with the terms of this Notice that is currently in effect.

The terms of this Notice apply to all existing and future records containing your PHI that are created or for all PHI that we may already have about you. Physician Now Urgent Care will post a copy of our current Notice in a prominent location in our office at all times. We reserve the right to make changes to this Notice and to make such changes effective for all existing and future PHI. Any change or amendment to this Notice will be posted in a prominent location in our office. We will also provide you with a copy of the revised Notice upon your request.

### II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples included

with each category do not list every type of use or disclosure that may fall within each category.

**Treatment:** We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example we may use and disclose your PHI when referring you back to your primary health care provider. For example, we may send a report about the care you received in our office so that your primary care physician can follow up on your status. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents, unless you object.

**Payment:** We may use and disclose your PHI so that we can bill and collect payment for the treatment and services provided to you. For example, we may contact your health insurer to certify that you are eligible for benefits (and 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 use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company or health plan. For example, we may allow a health insurance company to review PHI in order to determine the insurance benefits to be paid for your care.

**Health Care Operations:** We may use and disclose medical information about you for our health care operations activities. These uses and disclosures are necessary to run the clinic and make sure that all of our patients receive quality care. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency, and cost of care that we provide to our patients.
- Reviewing and evaluating the skills, qualifications and performance of health care providers taking care of you and our other patients.
- Providing training programs for trainees, health care providers, or non-health care professionals (for example, billing and office personnel to help them improve their skills).
- Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided by you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Assisting us in making plans for our practice's future operations.
- Business management and general administrative activities of our practice, including complying with the HIPAA Privacy Rule and other legal requirements.

#### **Additional uses and disclosures of medical information include:**

- **Communications From Our Office:** We may contact you to remind you of appointments, inquire about your condition, and notify you of lab and x-ray results.
- **Disclosures Required by Law:** Physician Now Urgent Care will use and disclose PHI when we are required to do so by law.
- **Business Associates:** Some of our functions are accomplished through contracted services provided by business associates. This includes but is not limited to our practice management company, Practice Velocity and our billing company, PV Billing, auditors, and

organizations that accredit us. When these services are contracted, we may disclose your medical information to our business associates so that they can perform the job we have asked them to do. To protect your medical information we require the business associate to appropriately safeguard your information.

- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. We may use and disclose PHI to notify such persons of your location or general condition. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up prescription medications, medical supplies, x-rays, or other items that contain PHI about you.
- **To avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

Your written authorization is required for use of your PHI in marketing or for the sale of your PHI. Any other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation and we will no longer disclose your PHI. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### III. SPECIAL SITUATIONS

**Public Health Activities:** We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth or death;
- To report the abuse or neglect of children, elders, and dependent adults;
- To report reactions to medications or problems with products or devices regulated by the FDA;
- 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;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

**Workers' Compensation:** We may disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example audits, investigations, inspections, licensure, disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs,

and compliance with civil rights laws and the health care system in general.

**Lawsuits and Other Legal Proceedings:** We may use or disclose PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose PHI in response to a discovery request, subpoena, or other required legal process by another party involved in the dispute, but only if we have made an effort to inform you of the request or obtain an order protecting the information the party has requested.

**Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- Required by law;
- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process.
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

**Coroners, Medical Examiners, Funeral Directors:** We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death.

#### **Specialized Government Functions:**

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed by military command authorities;
- For national security and intelligence;
- To help provide protective services for the president and others;
- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to corrections facilities.

**Organ and Tissue Donation:** If you are an organ donor, we may use or disclose PHI to organizations that help to procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue, donation and transplantation.

**Electronic Health Care Records:** Currently some or all of your medical information may be stored in an electronic format. When permissible for valid purposes (e.g. providing treatment or billing services), your health care providers may access your medical information from this office or other locations outside this office. All access to your medical information will be permitted only in a manner consistent with applicable law.

#### **IV: YOUR MEDICAL INFORMATION RIGHTS**

You have the following rights regarding medical information we maintain about you:

**A. Right to Inspect and Copy:** You have the right to inspect and copy

medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but may not include some mental health information or information gathered or prepared for a civil, criminal, or administrative proceeding. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy only in limited circumstances.

**B. Right to Amend:** You have the right to request that we amend PHI about you as long as our office keeps such information. To make this type of request you must submit your request in writing. You must also give us a reason that supports your request for amendment. We may deny your request in certain cases, including if it is not in writing or if you do not give a reason for the request.

**C. Right to Give Accounting of Disclosures:** You have the right to request an "accounting of disclosures" that we have made of PHI about you. An "accounting of disclosures" is a list of certain non-routine disclosures we have made of your PHI during a specified period of up to six years other than disclosures made: for treatment, payment, or health care operations.

**D. Right to Request Restrictions:** You have the right to request a restriction of limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You can also request a restriction or limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. In your written request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you paid out-of-pocket (you have requested that we NOT bill your health insurance company or plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health insurance company or health plan for purposes of payment or health care operations, and we will honor that request.

**E. Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate *reasonable* requests.

**F. Right to an Electronic Copy of Electronic Records:** You have the right to request to be given to you or have transmitted to another individual or entity, an electronic copy of your medical records, if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format that you request; however, if it is not readily producible by us we will provide it in either our standard format or in hard copy form (fees may apply).

**G. Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.

**H. Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice at any time.

#### **V. CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for all medical information we have about you as well as any information we receive in the future. We will post a copy of the current Notice in our office. The Notice will contain the effective date. If we amend this Notice, we will offer you a copy of the current Notice in effect.

#### **VI. COMPLAINTS/QUESTIONS**

##### **You May File a Complaint About Our Privacy Practices**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official listed below.

##### **You May Ask Questions About Our Privacy Practices**

If you have any questions about this Notice, please contact our Privacy Official at the address and number listed below.

Privacy Officer  
Physician Now Urgent Care  
22334 W. 66<sup>th</sup> St.  
Shawnee, KS 66226  
913-825-0909