

HIPPA NOTICE OF PRIVACY PRACTICES

GLENN R. ANDERSEN MD & DARYA B. MAANAVI MD, Ltd.

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may ask you to have laboratory tests (such as blood or urine test), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice including, but not limited to, our doctors, our nurse practitioners, our midwives, our registered nurses, our medical assistants, our lab techs, our billing company and our administrative staff – may use or disclose your PHI in order for you to be treated or for others who assist in your treatment – like the pharmacist or a lab and for our office to be paid for services rendered to you. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, your significant other, your children or your parents with your written authorization. Finally, we may also disclose your PHI to other health care providers for purposes related to your care and treatment (ie: a radiologist, your primary care physician, etc.) We would disclose your PHI if you have been referred to an outside source to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, contacting your health insurance company to verify benefits and authorization for treatment in the office or hospital or to prescribe medications. Obtaining approval for a hospital stay may require that your relevant PHI health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. For example, we may use your protected health information for appointment reminders where we may leave a message on your telephone or cell number, an email to your email address or the ability to leave a message about test results with your written approval. We may disclose your PHI when we have students in our office during training sessions. We may use your PHI to order a breast pump or other equipment from a third party durable medical facility as well as completing disability forms on your behalf. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Use and Disclosure of Your PHI in Certain Special Circumstances:

Public Health Risks: Our practice may be required by law to disclose your PHI to public health authorities or law enforcement to collect information for the purpose of:

- * maintaining vital records, such as births and deaths
- * reporting child abuse or adult abuse
- * presenting or controlling disease, injury or disability
- * notifying authorities of a person with a potential exposure to communicable disease (such as HIV)
- * reporting reactions to drugs or problems with products or devices (such as an IUD)
- * Notifying individuals when product, a device or medication that is being recalled.
- * by employers, regarding employees on a very limited basis, for information concerning a work-related illness or injury to comply with the Workman's Compensation Insurance and/or the Occupational Safety and Health Administration (OSHA) or any other state or federal law.

Law Enforcement: We may be required to disclose PHI if required by law (including court orders, court-ordered warrants, subpoenas and administrative requests) to the authorities regarding a crime, death or injury against an individual during a crime or to locate a suspect, material witness or fugitive. Your PHI may be disclosed if there is a concern of a serious threat to health and safety or to National Security.

Deceased Patients: Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs.

Marketing: Any use of a patient PHI for marketing purposes requires a written authorization from the patient.

Breach of Information: You have the right to receive a notification whenever an unsecured breach of your PHI occurs.

Your Rights Regarding your PHI

Confidential Communications: You have the right to confidential communications. You must provide our practice with a written request to leave PHI on your telephone(s), through email or an answering device or any other alternative means of communication.

You have the right to inspect and obtain a copy your protected health information. You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including medical records and billing record's but not including psychiatric or psychotherapy notes under the law. You must make a request in writing to the Privacy Officer to inspect your PHI. If you wish a copy of your PHI the office will have you complete the appropriate release. You may be charged a fee for the costs of retrieving, copying and mailing the record.

You have the right to request an amendment or restriction of your protected health information. This means you may request in writing not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations or to amend a part of your medical record for accuracy. You must provide the office in writing a reason that supports your request for amendment. The practice will deny any request that is not made in writing and if a reason for restriction or amendment is not detailed. The practice may deny your request if, in the provider's opinion: the request is not accurate or complete, not part of the PHI kept at the practice, not part of the PHI which you would be permitted to inspect and have copies, was not created by our practice. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. The request must state the specific information you wish restricted, whether you are requesting to limit our practices use or disclosure to others or both and whom you want the limits to apply.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

Authorizations: An authorization must be in writing in specific terms in order for the practice to release your PHI. Examples would be an individual requesting their medical file or parts of it, a life insurance carrier requesting medical information.

All authorizations must be in plain language and contain specific information of what and how information can be disclosed (for example a patient must specifically authorize the practice in writing to release information about sexually transmitted testing, HIV, Hepatitis, drug and alcohol history that is recorded only in our record.)

Concerns/Complaints

You have the right to register a complaint in writing to our Privacy Officer, Sally Pratt, at the practice address or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. **You will not be penalized for registering a complaint.**

Your signature below (or that of your Guardian or Legal Representative) acknowledges that you have received this Notice of Privacy Practices.

Signature of Patient/Guardian or Legal Representative

Print Name

Date