

# Notice of Privacy

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THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION AT OUR OFFICE. PLEASE REVIEW IT CAREFULLY PRIOR TO SIGNING THE PRIVACY POLICY AGREEMENT.

## Introduction

At Generations Family Practice (“GFP”), we are committed to treating and using protected health information (“PHI”) about you responsibly. This Notice of Privacy Practices for Protected Health Information in compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) [45 CFR 164.520] describes how GFP may use and disclose your PHI, as well as your rights and GFP’s obligations with respect to that information. This notice is effective April 14, 2003, and applies to all PHI as defined by HIPAA.

## Understanding Your Health Record/Information

Each time you visit Generations Family Practice, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis(s), treatment(s), and a plan for future care of treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

**Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.**

## Your Health Information Rights

Although your health record is the physical property of Generations Family Practice, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,

# Notice of Privacy

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- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **Our Responsibilities**

Generations Family Practice is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. The current notice will be posted in our office and include the effective date.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue use/disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## **Examples of Disclosures for Treatment, Payment, and Health Operations**

*We will use your health information for treatment.*

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your records his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports as you assist him or her in treating you once you're discharged from this clinic.

*We will use your health information for payment.*

## Notice of Privacy

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For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency and radiology departments, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associates to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying your personal representative\* responsible for your care, your location, and general condition. You also have the right to limit the level of disclosure to said party.

\*A personal representative is a person(s) legally authorized to make health care decisions on an individual's behalf or to act for the deceased individual or the estate. In cases regarding minors, parents/legal guardians are default personal representatives.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Our office will get written authorization from our patients if we would ever participate in any research.

*Funeral directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant with written authorization.

*Marketing:* 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.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

# Notice of Privacy

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*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

## **Disclosure of Protected Health Information**

From time to time, Generations Family Practice may wish to use or disclose a patient's protected health information to individuals involved in the patient's care, or for notification purposes. As stipulated by the Title 45, Section 164.510, we are permitted to make such uses or disclosures after we have obtained the patient's verbal/written permission. *Before* any employee of Generations Family Practice makes any use or disclosure of any protected health information to a patient's spouse, child, friend, or other third party involved in the patient's care, that employee must verify that Generations Family Practice has obtained verbal/written permission to do so. This may have occurred when the patient checked in – for example, the patient may have given his or her permission to call their spouse when they were finished with the visit. To help you know when a patient has given their verbal/written agreement to disclose their protected health information, the Privacy Officer has included a list below of "routine" disclosures made pursuant to verbal/written permission given by the patient at check-in time. For any disclosures made on the list, the employee should assume the patient has given his or her permission at the time of check-in:

### *Routine Disclosures:*

- Confirming/Cancelling appointments or scheduling inquiries.
- If the patient uses a transportation service, notifying the service the patient is finished and may be picked up.
- Disclosure of billing inquiries to insurance policy holder.
- Patient status notifications.

### *Non-Routine Disclosures:*

For other disclosures not found on this list, the employee will need to contact the patient and ask him or her for permission. To do so, the employee should find the patient and ask the following question (or something similar): "Is it okay with you if I let [PERSON] know [REQUESTED INFORMATION]?" If the

## Notice of Privacy

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patient says "Yes," the employee may disclose the information to the third party. The employee should also note in the patient's record that he or she asked for permission to make a disclosure to the third party, and the patient agreed to allow the employee to make the disclosure. If, however, the patient says "No," under **no** circumstances should the employee disclose **any** information to the third party.

At all times the patient has the right to restrict what information is disclosed to the third party and all employees should abide by any and all requested restrictions.

### *Incapacity of the Patient:*

There may be times when the patient comes to Generations Family Practice and cannot give his or her permission because the patient is somehow incapacitated. In this circumstance, the employee should use his or her best judgment as to whether disclosing the patient's protected health information is in the "best interests" of the patient. If the employee is unsure, he or she should ask the Privacy Officer for his or her opinion as to whether the disclosure is proper.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Quang Tran or Christy Kim, at 703-464-0686.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Contact information for the OCR is listed below:

### *Office for Civil Rights*

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

(Telephone) 202-619-0403

(Facsimile) 202-619-3818

(Website) <http://hhs.gov/ocr/privacy/psa/complaint/index.html>