

HIPAA Notice

HOW YOUR MEDICAL INFORMATION MAY BE USED, SHARED, AND HOW YOU CAN GET ACCESS.

1. **PRIVACY OBLIGATIONS-** Protected Health Information (“PHI”) is information you provide, we receive, or we create in your file about your healthcare. We are obligated to follow the terms of this Notice and notify you if there has been a breach of PHI.
2. **SHARING PHI WITHOUT WRITTEN PERMISSION-** We can share PHI without written permission for common hospital and clinic situations:
 - a. **TREATMENT-** To diagnose and treat you. We may also contact you for appointment reminders, and to notify you about services that may be beneficial to your health. We may also share your PHI with other medical professionals involved in your healthcare.
 - b. **PAYMENT-** We can share PHI to any company or program that arranges or pays for your healthcare. This ensures payment from these facilities for services rendered. This includes any primarily responsible person, such as spouse or guardian.
 - c. **HEALTHCARE OPERATIONS-** We may use your PHI for our operations including reviewing the quality of care we provide and skill of our staff. You have the right to restrict disclosure of PHI for services paid fully out of pocket (excluding deductible).
 - d. **BUSINESS ASSOCIATES-** We can share PHI with other professionals we hire to perform healthcare services for you.
 - e. **OTHER HEALTHCARE PROVIDERS-** PHI may be shared with doctors not in our facility when they need it to provide treatment, payment, for certain healthcare operations, and to review their actions are compliant with the law.
 - f. **RELATIVES, CLOSE FRIENDS & CAREGIVERS-** We may disclose PHI with any person you give written consent on disclosing your PHI with. We may use our professional judgment to decide if sharing your PHI, current location and/or condition is in your best judgment.
 - g. **PUBLIC HEALTH ACTIVITIES-** We’re required/permitted to provide PHI with government agencies.
 - i. Public health authorities for the purpose of preventing/controlling disease, injury, or disability.
 - ii. To report abuse/neglect to social services or protective services.
 - iii. To report information about products/services to the U.S. Food & Drug Administration.
 - iv. To alert any individual that they may have been exposed to a communicable disease.
 - v. To report to your employer as required by law addressing any work-related illnesses, injuries, or required workplace medical surveillance.
 - vi. To report to government authorities in order to prevent any imminent threat to a person.
 - h. **HEALTH OVERSIGHT ACTIVITIES-** We may share your PHI with any health oversight agency, e.g. Medicare & Medicaid, to ensure rules are being followed.
 - i. **JUDICIAL & ADMINISTRATIVE PROCEEDINGS-** We may share your PHI in response to any legal order or to aid any judicial or administrative proceeding.
 - j. **LAW ENFORCEMENT PURPOSES-** PHI will be shared with law enforcement officials as required by law.
 - k. **DECEDENTS-** PHI may be shared with individuals you authorized or medical examiners authorized by the law up to 50 years after death.

- I. ORGAN & TISSUE PROCUREMENT- PHI can be shared with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- m. RESEARCH- We may share your PHI if the Institutional Review Board/Privacy Board approves a waiver of permission for disclosure to begin research.
- n. WORKER'S COMPENSATION- As permitted/required by state law PHI will be shared to comply with worker's compensation or other similar programs.
- o. DISASTER RELIEF- PHI may be shared to private/public entities authorized by law or its charter to assist in disaster relief efforts.
- p. REQUIRED BY LAW- PHI will be shared in compliance with law when required to do.
3. DISCLOSURES REQUIRING YOUR WRITTEN CONSENT- Any purpose other than written in Section 2 requires we receive written permission from you to share your PHI, e.g. your life insurance company.
 - a. MARKETING- Any third party marketing requires your written consent before information is sent to you. We may discuss with you in person products/services related to your treatment, case management, care coordination, alternative treatments, and healthcare providers. We cannot sell your PHI without written consent.
 - b. HIGHLY CONFIDENTIAL INFORMATION- Federal & state law requires special privacy protections for certain information. This includes, psychotherapy notes, mental health & developmental disabilities services, alcohol & drug abuse prevention/treatment/referral, HIV/AIDS testing/diagnosis/treatment, sexually transmitted diseases, genetic testing, child abuse/neglect, domestic abuse, sexual assault, or Vitro Fertilization.
4. YOU PHI RIGHTS-
 - a. COMPLAINTS- Contact our Office Manager or file a complaint with the Office for Civil Rights of the U.S. Department of Health & Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints.
 - b. REVOKE WRITTEN PERMISSION- You may revoke any previously written permission given at any time by revoking your permission in writing. Any actions taken by this facility previous to written revoked permission were based on your permissions at the time and the facility is not held responsible for unwanted PHI released.
 - c. ACCESS TO RECORDS- You have a right to your PHI. To obtain a copy of your records contact the office to request copies (for a reasonable fee).
 - d. HIPAA COPY- You may ask the front desk for a copy of this disclosure at any time.
5. EFFECTIVE DATE
 - a. This notice takes effect as of November 16th, 2022.
 - b. We may change the terms of this notice at any time.
6. QUESTIONS OR CONCERNS- Contact the Privacy Officer, Savitha Kunhiraman.

Signature of received HIPAA Disclosure can be found on the New Patient/Updated Information Paperwork provided.