

HIPAA PRIVACY NOTICE

**PROPERTY
OF
UROLOGY ASSOCIATES, PC**

PLEASE DO NOT REMOVE FROM OFFICE

HIPAA PRIVACY NOTICE

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

INTRODUCTION

We are required by law to maintain the privacy of “Protected Health Information.” “Protected Health Information” 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 health care.

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 protected health information. This notice also discusses the uses and disclosures we will make of your protected health information.

We may change the terms of our notice at any time. The new notice will be effective for all Protected Health Information that we maintain at any time. We will provide you with any Revised Notice of Privacy Practices at the time of your next appointment.

PERMITTED USES AND DISCLOSURES

As provided by law, we can use or disclose your protected health information for purposes of *treatment, payment and health care operations*. If you refuse to consent, we do not have to provide you with non-emergency care.

- *Treatment* means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health provider to another. For example, your protected health information may be provided to a physician who referred you to our practice to ensure that the physician has all of your medically necessary information.
- *Payment* means activities we undertake to obtain reimbursement for the health care provided to you, determinations of eligibility and coverage and utilization review activities. For example, prior to providing health care services, we may need to provide to your insurance company information about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill the insurance company for the services rendered to you, we can provide the insurance company with the information regarding your care, if necessary, to obtain payment.

- *Health Care Operations* means 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, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff when caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

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.

When we determine, in our professional judgment, that it is in your best interest, we may disclose your protected health information to your family or friends when they are involved in your care or the payment of your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment.

We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, x-rays and similar forms of protected health information, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.

We will share your protected health information with third party “business associates” that perform various activities (e.g., answering service) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health insurance information in the following situations without your consent or authorization. These situations include:

- *Required By Law:* We may use or disclose your protected health information to the extent that the law requires the use of disclosure. The use of disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- *Public Health:* We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected

- health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- *Communicable Diseases:* We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may be otherwise at risk of contracting or spreading the disease or condition.
 - *Health Oversight:* We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system government benefits programs, other government regulatory programs and civil rights laws.
 - *Abuse or Neglect:* We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
 - *Food and Drug Administration:* We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products to enable product recalls, make repairs or replacements, or to conduct post marketing surveillance as required.
 - *Legal Proceedings:* We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.
 - *Law Enforcement:* We may also disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: 1) legal processes and otherwise required by law, 2) limited information requests for identification and location purposes, 3) pertaining to victims of crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) in the event that a crime occurs on the premises of the practice, and 6) medical emergency (not on Practice's premises) and it is likely that a crime has occurred.
 - *Military Activity and National Security:* When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel: 1) for activities deemed necessary by the appropriate

military command authorities, 2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, 3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorize federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Except for the general uses and disclosures described above, we will not use or disclose your protected health information for any other purposes unless you provide a written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

YOUR RIGHTS

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request.
2. You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.
3. You have the right to inspect and copy the protected health information contained in your medical and billing records and in any other Practice records used by us to make decisions about you.
4. You have the right to request to receive a paper copy of this notice from us.

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact **ANTHONY TERRANOVA**, Operations Manager, at our practice. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

CONFIDENTIALITY POLICY STATEMENT

Protected Health Information ('PHI') of Patients

The practice adheres to a strict confidentiality policy for all PHI. PHI is any information that identifies an individual and describes his or her health status, age, sex, ethnicity or demographic characteristics. NOTE: In accordance with state law, in our practice, confidentiality of HIV-related information is held to a particularly rigorous standard with specific rules and regulations. All references to PHI in this Personnel Policy include confidential HIV-related information.

Internal Communications Rule: Who May Access and Share PHI Within the Office

It is practice policy that accessing and sharing PHI by and among employees is limited to "Authorized Employees" only. "Authorized Employees" include these job titles: Physician, Nurse Practitioner, Administrator, Manager, RN, Medical Assistant, Biller, Receptionist, Telephone Clerk, File Clerk. Further, accessing and sharing of PHI is permitted **ONLY IF** it is in the **ordinary course of, and necessary to**, the performance of the Authorized Employee's duties and responsibilities in providing, supervising, administering or monitoring health care or maintaining or processing medical records for billing or reimbursement. This is a strict **"need-to-know"** standard!

Disclosure of PHI

Employees of the practice must adhere to all federal and state laws governing and limiting disclosure of PHI.

Confidential Information - In General

As part of our general practice policy THE ABOVE INTERNAL COMMUNICATIONS RULE applies to ALL communications, documents and records in the office (whether written, oral or electronic, and whether patient or business related). ALL such communications, documents and records are confidential and must be treated accordingly.

Security Rules Governing ALL Patient and Business Confidential Information

In adherence to our overall general confidentiality policy, these security rules apply:

- A. Make all reasonable efforts to maintain all records securely and away from observation by all unauthorized people. For example, do not leave information on a computer screen or in an open chart visible to others; lock doors after hours; and keep all keys, alarm codes and computer passwords secure.

- B. Access and share information only when **authorized and necessary** for the performance of one's duties and responsibilities. This is a strict **"need-to-know"** standard!
- C. Make no disclosure of information except as is necessary for such performance and then only to people authorized by law to have such information. For example, don't leave medical information of any kind on an answering machine; make all reasonable efforts to not share patient information in earshot of unauthorized individuals; do not assume the person asking for information is authorized to get it, no matter how close the relationship to the patient; follow all office policies and procedures regarding disclosure of information.
- D. **Strict adherence to the law and to the practice's confidentiality policy and procedures is a requirement of employment. Violation of this policy may result in disciplinary action up to and including discharge.**
- E. **As a condition of employment, each employee must agree to be bound by the practice's confidentiality policy and procedures during and even after termination of employment.**