



### 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.**

**If you have any questions about this notice please speak with our receptionist, manager, or your doctor.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations 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" 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. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. A new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. Copies of this notice are available from our receptionists.

#### **1. Uses and Disclosures of Protected Health Information Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked to sign consent. The consent helps ensure you understand how your protected health information will be used and disclosed as described in this notice. Your consent is not required for us to use and disclose your protected health information for treatment, payment and health care operations described below. However, obtaining your consent is desired. In general, your protected health information may be used and disclosed as permitted by law by UCOM, 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. Your protected health information may also be used and disclosed to others who pay your health care bills and to support the operation of the physician's practice. Protected Health Information (PHI) includes individually identifiable health information related to your past, present, or future physical and mental condition or payment for the same, including; general health records, medical history and other specific information as applicable, such as genetic information, drug and alcohol information, specific test results and mental health records. Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services, including but not limited to drug testing, physical examinations and injury and illness treatment. This includes the coordination or management of your health care with other medical professionals, physicians and practitioners. Your protected health information will be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, as permitted by law, the results of applicable tests required for employment purposes will be disclosed to designated individuals within your employer, for example, required test results to meet certain Department of Transportation (DOT) and OSHA surveillance requirements.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your employer or their agent, third-party administrators, and insurance carriers may undertake before approval or payment occurs for the health care services we provide or recommend for you. These activities may include making a determination of eligibility or coverage for insurance benefits, reviewing bill codes and supporting medical information for medical necessity, to justify charges, and to conduct utilization review activities.

**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. These activities include, but are not limited to, quality assessment activities, employee review activities, customer service, and licensing. 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. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for us. Whenever an arrangement between Urgent Care and Occ Med 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.

#### **Uses and Disclosures of Protected Health Information based on your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke an authorization at any time in writing. Your revocation shall apply to future use and disclosure, but not to the extent that UCOM has already taken an action in reliance on the use or disclosure indicated in the authorization.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

#### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

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

**Required By Law:** We will use or disclose your protected health information when the use or disclosure is required by law. The use or 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.

**Workers' Compensation / Medical Surveillance:** If you have a workers' compensation claim, are treated for a work-place illness or injury, or are evaluated as part of a workplace surveillance program your protected health information will be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs and to meet other requirements.

Your authorization to disclose information for workers' compensation and medical surveillance reasons is not required.

**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 otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose 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 benefit 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.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a 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 the Practice's premises) when it is likely that a crime has occurred.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Code of Federal Regulations

Section 164.500 et seq.

## 2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. Under Federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. 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 this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for general notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

## 3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated.

This notice was published and became effective in May, 2011.

Signature below is acknowledgement that you have received this Notice of Privacy Practices.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_