

**Angela Willis Family Practice**  
**Notice of Privacy Practices for Protected Health Information**  
**Effective January 1, 2016**

**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.**

Under federal law, your individually identifiable health information (called “Protected Health Information” or “PHI”) is protected and confidential. PHI includes information that identifies you and that describes your symptoms, condition test results, diagnosis, treatment, payment, billing, or insurance coverage.

We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding PHI and to abide by the terms of the Notice currently in effect. We are also required to comply with any federal or state laws that impose stricter standards than the uses and disclosures described in this Notice.

We may change this Notice at any time. We reserve the right to make the revised notice effective for PHI that we already have about you as well as any PHI that we receive in the future. The revised notice will be available to individuals upon request and posted on our website and in our waiting room.

**Uses and Disclosures**

This Notice describes how we may use or disclose your PHI without an authorization. Not every use or disclosure in a category will be listed. Before making uses or disclosures not described below, we will ask for your written authorization. For example, we will not disclose psychotherapy notes, use or disclose your PHI for marketing or sell your PHI unless you have signed an authorization or applicable law permits the use or disclosure. If you choose to sign an authorization to use or disclose PHI, you or your representative can later revoke that authorization by notifying us in writing to stop any future uses and disclosures.

*Treatment:* We will use and disclose your PHI to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will use PHI to determine the most appropriate course of care or disclose PHI to other health professionals who are participating in your treatment.

*Payment:* We will use and disclose your PHI for payment purposes. For example, we may need to obtain authorization from your insurance company before providing surgery or ordering other types of testing. We will submit bills to your health plan.

*Health Care Operations:* We will use and disclose your PHI to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, arranging for legal services, and to assess the care and outcomes of your case and others like it.

*Required By Law:* We may use or disclose your PHI as required by law.

*Appointment Reminders/Treatment Alternatives:* We may use and disclosure PHI to contact you with appointment reminders and to provide information to you about treatment alternatives, test results or other health-related benefits and services that may be of interest to you. If we receive anything of value for making these communications, we will notify you of this fact and you will have an opportunity to opt out of future communications.

*Public Health Activities:* We may disclose PHI to public health authorities charged with preventing or controlling disease, such as the CDC or FDA.

*Reporting Of Abuse, Neglect Or Domestic Violence:* We may disclose PHI to the appropriate government authorities if we believe abuse of a child or adult has occurred.

*Threats to Health and Safety:* We may use or disclose PHI to help prevent a serious threat to either your or someone else’s health or safety.

*Health Oversight Activities:* We may disclose PHI to government agencies for health oversight activities authorized by law, such as audits, civil, administrative or criminal investigations, inspections, and licensure or disciplinary actions.

*Judicial And Administrative Proceedings:* We may disclose PHI as authorized by court order, subpoena or discovery request.

Law Enforcement: We may disclose PHI to law enforcement officials under certain circumstances such as responding to a subpoena or warrant or reporting wounds or injury required by law.

Coroners And Medical Examiners/Organ Donation: We may disclose PHI to funeral directors, medical examiners or coroners to allow them to carry out their duties. We may also PHI to organ procurement organizations for the purpose of donation and transplant.

Specialized Governmental Functions: We may disclose PHI in certain circumstances for inmates in custody, when requested by the armed forces for enlisted personnel, veterans, foreign military personnel, and national security and intelligence.

Research: We may use or disclose PHI for research when the research has been approved by an institutional review board or certain conditions are met.

Workers Compensation: We may disclose PHI to comply with laws relating to Workers Compensation.

Business Associates: We may disclose PHI to individuals and entities (“business associates”) that perform various functions on our behalf (such as our billing company) and that agree to safeguard all PHI that they create or receive on our behalf.

Individuals Involved In Your Care or Payment For Your Care: We may disclose PHI about you to a friend or family member who is involved in, or helps pay for, your care or to assist in disaster relief efforts to notify your family about your condition, status and location.

### **Individual Rights**

You have the following rights with regard to your PHI. Please contact the HIPAA Privacy Officer (see below) to obtain the appropriate form for exercising these rights. All requests must be made in writing.

Restrictions: You may request restrictions on certain uses and disclosures of your PHI. We are not required to agree to such restrictions, except for disclosures to a health plan when you have paid in full out-of-pocket for your care.

Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to a special address.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your PHI. We may charge a fee for the costs of copying, mailing or other supplies or services associated with your request. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format.

Amend Information: If you believe that information in your record is incorrect, you have the right to request that we correct the existing information. You must include a reason that supports your request for an amendment. We may deny your request if the PHI is already correct or for certain other reasons permitted by law.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for certain types of disclosures. The first list you request within a 12-month period is free, but we may charge a fee for any additional lists that you request. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of this Notice: You have the right to obtain a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically.

### **Complaints**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the HIPAA Privacy Officer. You also may send a written complaint to the U.S. Department of Health and Human Services. The HIPAA Privacy Officer will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint. If we discover a breach by us involving your unsecured PHI, we will notify you of the breach by letter or other method permitted by law.

### **Contact Person/HIPAA Privacy Officer**

For questions, requests, or complaints please contact our **HIPAA Privacy Officer: Angela Willis MD**