

TriState OBGYN

HIPAA Privacy Notice-Patient

“Health Insurance Portability and Accountability Act”

This notice describes how medical information about you may be used and disclosed and how we can get access to this information. Please review carefully.

The Federal Government requires that your Personal Health Information (PHI) stored in your medical record remains private, confidential, and absolutely not available to anyone without your expressed written consent. Our medical record of your care remains the property of TriState OBGYN. The State of Tennessee supports this law. Forms are used for you to authorize, in writing, the release of a copy of your specific medical records to another physician, medical practice, or to an insurance company; for the purpose of Health Care Operations, Treatment and Payment.

Health Care Operations:

There remains certain instance, where, in the process of delivering quality medical care to our patients, specific disclosure of information becomes necessary and will be conducted by medical and administrative professionals within this practice, without express written consent of each and every specific incident by you. Some examples include:

- Calling/faxing/electronically communications to your pharmacy for new or renewal prescriptions
- Calling your insurance carrier for eligibility/benefits/billing and reimbursement purposes
- Faxing your insurance carrier with documentation of care
- Calling/faxing/e-mailing your Primary Care Physician (PCP) with results of care or questions regarding your care
- Handling of mail, newsletters, claims, bills, referrals, and prior authorizations
- Requesting that the office/reception staff call you to schedule an appointment, acquire a referral, or to inform you about medications or testing that may have been ordered
- Medical staff informing you of potential treatment alternatives or options which may include, but are not limited to lab or ultrasound results
- Inform you of health-related benefits or services that may be of interest to you
- Verbal or written correspondence with insurance companies; yours and ours
- Discussing an opportunity to enroll you in TriState OBGYN; and/or continuation in research studies

- Routine inter-office communication between professional staff of this specific practice to effectively manage your medical care, and with the administrative staff to coordinate referrals, prior authorizations, send/telephone appointment reminders, file and store medical records, order/receive pharmaceutical drugs on your behalf, submit claims and manage account billings, co-payments and other accounts receivable information
- Messages may be left on your home message machine, your work voicemail or your cell phone
- PHI utilized to conduct Quality programs to improve activities or for compliance reviews
- Employee training programs
- Accreditation, licensing, certification of activities

You may restrict disclosure of any part of your PHI from within this practice to any outside source or recipient, where not allowed by Federal Law, State Law or by Court Order.

Your Rights under HIPAA

- You have the right to expect that we will respect and honor your Personal Health Information
- You have the right to request a copy of your medical record for yourself and/or sent to another Physician
- You have the right to discuss any and all information contained in your medical record with your Provider of care in a private environment
- You have the right to complain to the Privacy Officer regarding how your Personal Health Information is guarded, handled, and released (or not released) under the tenants of the law
- You have the right to express concern about the law and its limitations to the US Government Department of Health and Human Services

Authorization to Release Personal Health Information

- You may upon formal written request authorize another individual rights to your Personal Health Information; including but not limited to billing requests
- You may rescind this authorization at any time by providing a formal written request

- If you wish to give permission to another to act on your behalf, please request the PHI authorization form from the staff

Our Practice Responsibilities

It is our responsibility to guard and maintain information about you and your health in a very private manner. This information will be disclosed within the practice on a “Need to know” basis, and then kept confidential for your assurance that we comply with the Federal Law, State and Local Laws on “Confidentiality of Medical Information:”

Patient Name (please print): _____

ACKNOWLEDGEMENT

I, _____ (patient, guardian, or responsible party), acknowledge that I have received a copy of TriState OBGYN’s (the practice’s) “HIPAA Privacy Notice – Patient” document regarding protection of Personal Health Information on Date: _____

Patient Signature: _____

Signature of Guardian or Responsible Party if patient is a minor or disabled person:

You may request, at any time, a detailed written policy TriState OBGYN Privacy Notice.