

**Original Effective Date: 7/1/2004**

## **NOTICE OF PRIVACY PRACTICES**

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

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record or “protected health information”, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third party payer can verify that services billed were actually provided
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning and marketing and
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others.

## **Your Health Information Rights:**

Although your health record is the physical property of the healthcare provider or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- inspect and copy your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **Our Responsibilities:**

The Institute for Plastic Surgery and Peripheral Nerve Surgery is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy in our office in a prominent location.

We will not use or disclose your health information without your authorization, except as described in this notice.

## **For More Information or to Report a Problem:**

If have questions and would like additional information, you may contact our privacy official at the address and number listed below.

If you believe your privacy rights have been violated, you can file a complaint with our HIPAA compliance office or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our privacy official at the address and number listed below. There will be no retaliation for filing a complaint.

## **How We May Use And Disclose Protected Health Information About You:**

### **USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION**

#### **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.* Information obtained by a physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordination of care. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you. For example, if you are referred to another physician, we may disclose your PHI to your new physician.

*We will use your health information for payment.* We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. Before providing treatment or services, we may share details with your health plan concerning the service you are scheduled to receive. For example, we may ask for payment approval form your health plan before we provide treatment. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

*We will use your health information for regular health operations.* We may use and disclose PHI in health care operations including doing things that allow us to improve the quality of care we provide and to reduce health care costs. Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Communication with our Office.* We may contact you to remind you of appointments and to provide you with information about treatment alternatives or health related benefits and services that may be of interest to you. We may leave a message on your answering machine or with whomever answers the phone with information regarding your scheduled appointment.

## **Other Uses or Disclosures**

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services in the Emergency Department and Radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information. .

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Research:* We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral Directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Organ Procurement Organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing:* 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.

*Fund Raising:* We may contact you as part of a fund-raising effort.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

*Correctional Institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

**Uses and disclosures for which you have the opportunity to agree or object.**

We may use and disclose PHI in some situations where you have the opportunity to object. If you do not object in writing, then we may make these types of uses and disclosures.

*Communication with Family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are present and able to consent or object, then we may only disclose PHI if you do not object. If you are not present and/or are not able to object, we may exercise our professional judgment in determining whether the use or disclosure of PHI is in your best interest. For example, after surgery the doctor may disclose your general health condition and/or give prescriptions and post-operative instructions to the person who will be driving you home. We may also use professional judgment and our experience to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other things that contain PHI about you.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT REQUIRES YOUR AUTHORIZATION**

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization. You must revoke your authorization in writing.

**Privacy Official contact information:**

You may contact our Privacy Official at the following address and phone number:

Lindsay Moss  
3170 N. Swan Rd  
Tucson, AZ 85712  
(520) 298-2325

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