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## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU REQUIRE MORE INFORMATION, PLEASE CONTACT OUR HIPAA COMPLIANCE OFFICER. THE CONTACT INFORMATION IS AT THE END OF THIS NOTICE.**

At Elms Digestive we understand that medical information about you and your health is personal. Our practice is committed to protecting your medical information. We are required by federal and state laws to maintain the privacy of your Protected Health Information (PHI) and to give you this notice explaining our privacy practices with regard to that information. This notice explains your rights and our legal obligations regarding the privacy of your PHI.

Protected Health Information is information that individually identifies you. It may be used and disclosed by your physician, our office staff, another health care provider, your health plan, your employer, or a healthcare clearing house that relates to: 1. Your past, present or future conditions. 2. The provision of healthcare to you. 3. The past, present, or future payment for your healthcare.

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

**For your Treatment:** Your PHI may be provided to a physician or healthcare provider, laboratory to whom you have been referred, to ensure they have the necessary information to treat or provide you a service.

**For payment:** Your PHI may be used and disclosed to enable us to bill and either collect payment from you, a health plan or a third party for the treatment and services you received from us. As an example, we may need to give your health plan information of your treatment in order for your health plan to agree to pay for that treatment.

**For Health Care Operations:** We may use and disclose your PHI in order to support the business activities of your physician's office. These activities include, but are not limited to, the evaluation of our team members in caring for you, quality assessment, the disclosure of information to physicians, nurses, medical technicians and other authorized personnel for educational and learning purposes.

**Appointment Reminders/Treatment Alternatives/Health-Related Services:** We may use and disclose your PHI to contact you to remind that you have a scheduled medical appointment or to advise you of treatment options or alternatives or health related benefits and services that may be of interest to you.

**As required by law:** We will disclose your PHI about you when required to do so by international, federal, state, or local law. **Marketing and any purpose which require the sale of your information.** These disclosures require your written authorization. **Any other uses or Disclosures not recorded in this Notice** will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation and we will no longer disclose your PHI, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated on the authorization.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**The Right to Inspect and Copy:** Under federal law you have the right to inspect and copy your PHI (we have up to 30 days to make your PHI available to you, fees may apply). You have a right to a Summary of your PHI instead of the entire record, or an explanation of the PHI which has been provided to you so long as you agree to this alternative form and agree to pay the associated fees.

**The Right to an Electronic Copy of Electronic Medical Records:** You have the right to request to be given to you or have transmitted to another individual or entity, an electronic copy of your medical records, if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format you request however, if it is not readily producible by us we will provide it in either our standard format or in hard copy form. (Fees may apply)

**The Right to Request Restriction:** You have the right to request a restriction or limitation on the PHI we use to disclose for treatment, payment, or health care operations. You may ask us not to use or disclose any part of your PHI and by law we must comply when the PHI pertains to solely health care item or service which the health care provider involved has been paid out of pocket in full. You also have the right to request a limit on the PHI we disclose about you to someone involved in your care or payment of your care. Your request must be made in writing to our HIPAA Compliance Officer with specific instructions. If we agree to the restriction, we may only be in violation of that restriction for emergency treatment purposes. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.

**The Right to Get Notified of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.

**The Right to Request Amendments:** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. A request and the reason for the requested amendment must be made in writing to the HIPAA Compliance Officer. The information will be at the end of this Notice. In certain cases we may deny your request. If we deny your request 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.

**The Right to Accounting of Disclosures:** You have the right to receive an accounting of all disclosures except: pursuant to an authorization, for purposes of treatment, payment, health care operations, required by laws, that occurred six years prior to the date of request. Your request must be made in writing and you must indicate in what form you want the list, for example on paper or electronically. The

first accounting of disclosures in any 12 month period will be free. Any additional requests within that same time period we may charge reasonable costs. You may withdraw or modify your request be the costs are incurred.

**The Right to Request to Receive Confidential Communications:** You have the right to request that we communicate only in certain ways to preserve your privacy. For example, you may request that we contact you only by mail at a specific address or call you on a specific telephone number. Your request may be made in writing with specific instructions on how and where we contact you. We will accommodate all reasonable requests and will not ask the reason for your request.

**COMPLAINTS:**

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us you must make it in writing to our HIPAA Compliance Officer at the address below. Complaints must be submitted within 180 days of when you knew of or suspected the violation. **There will be no retaliation against you for filing a complaint.**

To file a complaint with the Secretary of the United States Department of Health and Human Services, 200 Independence Ave., S.W. Washington, D.C. 20201. Call {202} 619-0257 (or toll free (877) 696-6675) or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information. **There will be no retaliation for filing a complaint.**

**We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted in our office and on our website.**

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_