

# NOTICE OF PRIVACY PRACTICES FOR DRs. REHM AND RIGGS

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.

## Introduction

At Drs. Rehm and Riggs office, we are committed to treating and using protected health information about you responsibly. This notice of Health Information Practices describes the personal information we collect, and how and when we disclose that information. It also describes your rights under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). This notice is effective 4/14/03, and applies to all protected health information as defined by federal regulations.

## Understanding Your Health Record/Information

Each time you visit Drs. Rehm and Riggs, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- A means of communication among the many health professionals who contribute to your care,
- Legal documentation 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 this state and the nation,
- A source of data for our planning and marketing,
- 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, and make more informed decisions when authorizing disclosures to others.

## Your Health Information Rights

Although your health record is the physical property of Drs. Rehm and Riggs, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record. (We require 14 business days to process and a \$10 fee applies),
- Amend your health record,
- Obtain an accounting of disclosures of your health information,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## Our Responsibilities

### Drs. Rehm and Riggs are required to:

- Maintain the privacy of your health information,
- Provide you with this 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, and
- 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 practice change, we will amend our Notice. You are entitled to receive a revised copy or by visiting our office and picking up a copy.

**We will not use or disclose your health information without your authorization, except as described in this notice.** We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

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

*We will use your health information for treatment.*

**For example:** Information obtained by a nurse, doctor or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your doctor will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

*We will use your health information for payment.*

**For example:** 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.

*We will use your health information for healthcare operations.*

**For example:** Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service.

**Communication with Family:** Using our best judgment, we may disclose to a family member, legal guardian, other relative, close personal friend or any other person you designate, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

**Business Associates:** There are some services provided in our organization through contacts with business associates. Some examples include laboratory test, our financial consultant and computer software vendor. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**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.

**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.

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

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member of business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

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

If you have questions and would like additional information you may contact the practice's Privacy Official at (336) 621-1554.

If you believe your privacy rights have been violated you can file a complaint with the practice's Privacy Official, or with the Secretary of Health and Human Services. No retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

#### **Office for Civil Rights**

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509 F, HHH Building  
Washington, D.C. 20201