

# HIPAA Notice of Privacy Practices

Rockingham Family Physicians

Effective Date: April 14, 2003

Reviewed and updated: April 1, 2010

*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.*

If you have any questions about this notice, please contact Rockingham Family Physicians, Compliance Officer.

## **Who Will Follow This Notice:**

This notice describes our office's practices. We may share information with each other for your care.

## **Our Pledge Regarding Medical Information:**

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care you receive at this office to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways in which we use and disclose your medical information. We also describe your rights and the obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our privacy practices with respect to your medical information; and follow the terms of the current notice.

## **How We May Use and Disclose Medical Information About You:**

**For Treatment.** We may use information about you to provide you with medical treatment. We may disclose medical information about you to office staff and others involved in your care.

**For Payment.** We may use and disclose information about you for insurance and payment services.

**For Health Care Operations.** We may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.

**Appointment Reminders.** We may use and disclose information to contact you about appointments.

**Phone Messages.** We may call and leave messages with whoever answers the phone at your house or on your answering machine unless directed otherwise.

**Treatment Alternatives.** We may use and disclose information to tell you about treatment options.

**Health-Related Benefits and Services.** We may tell you about health-related benefits or services.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in or helps pay for your medical care. We may disclose medical information about you to assist in a disaster relief effort.

**As Required By Law.** We will disclose information about you when required to do so by law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you to prevent a serious threat to your health and safety, the public or to another person.

## **Special Situations:**

**Organ and Tissue Donation.** If you are an organ donor, we may release information to organ banks.

**Military and Veterans.** We may release information about military personnel as required.

**Workers' Compensation.** We may release information about you for workers' compensation.

**Public Health Reporting.** We may disclose information about you for public health reporting. This information is to be limited and to include only the necessary identifiable elements for the report.

**Audit or Chart Review.** We may disclose information to an auditing company or insurance company when reviewing charts internally. This can be done for physician crediting, physician reimbursement, and reinsurance to the insurance company that this practice is acting and treating you to the level of care expected.

**Health Oversight Activities.** We may disclose information to a health oversight agency.

**Accident and Disability Income.** We may disclose information to a third party for disability claims or accident claims in which you receive income after claim has been filed.

**Lawsuits and Disputes.** We may disclose information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.

**Law Enforcement.** We may release information to law enforcement officials as required by law.

**Coroners, Medical Examiners and Funeral Directors.** We may release information to a coroner, medical examiner or funeral director as necessary.

**National Security and Intelligence Activities and Protective Services for the President.** We may release information about you to authorized federal officials for national security activities.

**Inmates.** We may release information about inmates to a correctional institution or law enforcement.

**Motor Vehicle Accident Claims.** We may release information to your motor vehicle insurance carrier if a medical claim has been filed under motor vehicle insurance.

**Government Programs.** We may disclose information about you to government programs such as food stamps, WIC, or programs that provide care indirectly or that issues grants.

**Research.** The American Recovery and Reinvestment Act of 2009 allows for medical information to be released as part of research. This information is to be disclosed in limits. Names, address, social security number, and any identifiable elements must be removed.

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Any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, please contact the Privacy Officer at the following address, 1751 Erickson Ave Harrisonburg, VA 22801, or by phone 540-433-3344. All complaints will be addressed and the results will be reported to a physician. 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.

We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any future information. We will post a copy of the current notice in the office.

Other uses and disclosures of information not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures, and that we are required to retain records of your care.

# Patient Bill of Rights

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The second document that HIPAA created establishes your seven rights to your medical information we maintain on you.

You have the following rights:

**Right to Inspect, Read, and Copy.** You have the right to inspect, read, and copy your medical information. This includes medical and billing records, but does not include psychotherapy notes. You must submit your request in writing to Rockingham Family Physicians, Medical Records. You may request a hard copy of your medical records once a year at no cost and consecutively each year after where the previous years' copies left off. Additional copies are to be charged as cost of labor to fulfill request.

**Right to Amend.** If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You may request an amendment as long as the office has this information. *Corrections are at the discretion of the provider.* Your request must include the reason, be made in writing and submitted to Rockingham Family Physicians, Medical Records. We may deny your request if you ask us to amend information not created by us, unless the person that created the information is no longer available; is not part of the information kept by the practice; is not information which you would be permitted to inspect and copy; or is accurate and complete.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, and health care operations or to someone who is involved in your care. The American Recovery and Reinvestment Act of 2009 states that if you pay in full out of pocket for health care services, you may request that the practice *not* disclose your medical information to a health plan or other entity. You must make your request in writing to Rockingham Family Physicians, Medical Records. You must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. We will comply with your request unless it is an emergency and life depended on the information, it is included in a subpoena, it is requested by the Military or law enforcement, or it is needed in public health reporting of disease or suspected abuse. The disclosure list with your permissions can be changed in writing at any time.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or location. You must make your request in writing to Rockingham Family Physicians, Medical Records. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The American Recovery and Reinvestment Act of 2009 abides that we must comply and abide by the patient's request.

**Right to an Accounting of Disclosures.** You have the right to request a list of disclosures, billing and medical, that we made of your medical information. You must submit your request in writing to Rockingham Family Physicians, Records Department. The disclosure list must be provided to you within 60 days of request at a direct labor cost. The list provided must include three years of medical disclosure starting February 18, 2010.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time at no cost.

**Right to file complaint.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact Rockingham Family Physicians, Compliance Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint. 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.**

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