

# JOHN E. WEST, M.D., P.C.

## Notice of Privacy Practices

EF. 4-14-03

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

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive at our practice, as well as records regarding payment for those services. We need these records to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice doctors and staff.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

**The following categories describe different ways that we use and disclose health information:**

**For Treatment.**

We may use health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, or other personnel who are involved in taking care of you. Our practice also may share medical information about you in order to coordinate your care, such as prescriptions and lab work.

**For Payment.**

We may use and disclose health information about you so that the treatment and services you receive at our practice may be billed, and that payment may be collected from you, an insurance company or another third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.**

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guide-lines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

**The health and billing records we maintain are the physical property of the doctor's office. The information in it, however, belongs to you. You have a right to:**

**Request Restrictions.**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations purposes. You may also request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Inspect and Copy.**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

You may exercise this right by delivering the request in writing to our office using the form we provide to you. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. You may request that the denial be reviewed.

#### **Amend.**

You have the right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide. ***The physician or other health care provider is not required to make such amendments.*** You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.

#### **A Paper Copy of This Notice.**

You may obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request to our office.

#### **An Accounting of Disclosures.**

You may request an accounting of disclosures of your health information as required to be maintained by law. A form will be provided to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care. Your request must state a time period which may not start more than six years in the past and may not include dates before April 14, 2003. The first list you request within a 12- month period will be free. We may charge you for the costs of additional lists.

#### **Right to Request Confidential Communications.**

You may request that communications of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request. You may revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

### **OTHER USES AND DISCLOSURES**

**Notification** - Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

**Communication with Family** - Using our best judgment, we may disclose to a family member, other relative, close friend, or any other person you identify, 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.

**Health Related Services** - We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

**As Required By Law** - We will disclose medical information about you when required to do so by federal, state or local law.

**Military and Veterans** - If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** - If applicable, we may release medical information about you for workers' compensation or similar programs.

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

**Abuse and Neglect** - We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

**Health Oversight** - Federal law allows us to release your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Judicial/Administrative Proceedings** - We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

**Coroners, Medical Examiners and Funeral Directors** - We may release medical information to a coroner or medical examiner consistent with applicable law to identify a deceased person or determine cause of death or to carry out their duties.

**Serious Threat to Health or Safety** - To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

**For Specialized Governmental Functions** - We may disclose your protected health information for specialized government functions authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

**Correctional Institutions** - If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our practice. The notice will contain on the first page the effective date.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with our practice. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized in any way for filing a complaint.