

## **COLON AND RECTAL CLINIC, LLC**

### **Notice of Privacy Practices**

This notice describes how medical information about you, may be used, disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice please contact us. You have the right to obtain a paper copy of this notice upon request.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

#### **1. Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician’s practice.

Following are examples of the types of uses and disclosures of your protected health care information that the physician’s office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

#### **Treatment:**

- To provide, coordinate, or manage your health care and any related services
- To a home health agency that provides care to you
- To suppliers that are providing medical equipment to you
- To other physicians who may be treating you
- To a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you
- To another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.
- 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.
- To pharmacists who are filling and refilling your prescriptions
- To family members who are helping with your care.

#### **Payment:**

To obtain payment for your health care services  
To determine eligibility or coverage for insurance benefits  
To obtain prior authorization for your treatment from your Primary Care Provider  
To obtain pre-certification for your treatment or admission to a hospital from companies undertaking utilization review activities on behalf of your insurance plan

#### **Healthcare Operations:**

To support the business activities of your physician's practice  
To substantiate quality assessment activities, employee review activities  
For the training of medical students and other trainees  
For licensing, certification, and re-certification  
we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician  
We may also call you by name in the waiting room when your physician is ready to see you  
To contact you by phone, mail, fax, or email to convey information to you or remind you of your appointment.  
To send you recall notices for appointments or diagnostic procedures  
To share with third party "business associates" that perform various activities (e.g., billing, information technology, transcription services, radiology, certain laboratory tests, and a copy service we use when making copies of your health record, transferring electronic health records) for the practice  
To provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you  
To send you a newsletter about our practice and the services we offer

#### **Family Members:**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

#### **Emergencies:**

We may use or disclose your protected health information in an emergency treatment situation.

#### **Required Uses and Disclosures of Protected Health Information that May be Made without your Consent, Authorization or Opportunity to Object to the Extent that the Use or Disclosure is Required by Law:**

For public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of controlling disease, injury or disability  
If directed by the public health authority, to a foreign government agency that is collaborating with the public health authority  
If authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition  
To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections, including government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws  
To a public health authority that is authorized by law to receive reports of child abuse or neglect

If we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information, consistent with the requirements of applicable federal and state laws

To a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required

In the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

For law enforcement purposes, including (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred

To a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law

To a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties

For cadaveric organ, eye or tissue donation purposes

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 protected health information

To law enforcement agencies, consistent with applicable federal and state laws, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

If it is necessary for law enforcement authorities to identify or apprehend an individual

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services.

To authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized

As authorized to comply with workers' compensation laws and other similar legally-established programs.

If you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you

We will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

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.

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.

We may contact you as part of a fund-raising effort.

When required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## 2. Your Rights

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health

information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our office if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting our office.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, 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 of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

### **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint. You may contact our office for more information about the complaint process.