

HIPAA Notice of Privacy Practice

Breast Health and Rehabilitation Center - San Francisco, California

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.

- I. HIPAA defined:** The health insurance portability and accountability act of 1996 (HIPAA) is federal law which requires that medical records and individually identifiable health information be kept confidential, and that its uses and disclosures be in accordance with the law. The regulations which pertain to HIPAA (privacy rules) went into effect in 2003. The HIPAA standards, which require that patients be given a printed notice explaining the new privacy rules are in addition to the long standing confidentiality provisions under California state law.

HIPAA applies to certain healthcare entities (“covered entities”) which submit billing information electronically. Covered entities must safeguard all protected health information (“PHI”) regardless of its form (i.e. paper, faxes, electronic files, etc). As mandated by HIPAA, this notice is an explanation of the privacy requirements concerning your health information, and how your PHI may be used and disclosed.

- II. LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (“PHI”)**
By law your PHI is kept private. The PHI consists of information created or noted that can be used to identify you. It may contain data about your past, present, or future health or condition, the provision of healthcare services to you, or the payment for such healthcare. Use of PHI means to share, apply, utilize, examine, or analyze information. PHI is disclosed when there is a release transfer or other disclosure to a third party. With some exceptions, (“treatment”) one may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made.

III. HOW YOUR PHI IS USED AND DISCLOSED

PHI is disclosed for various reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find categories of uses and disclosures with some examples.

- A. Uses and disclosures related to treatment, payment, or healthcare operations do not require your prior written consent,** A provider may use and disclose your PHI without your consent for the following reasons:
- 1. For treatment-** which includes providing, coordinating, or managing healthcare and related services, your PHI may be disclosed to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with healthcare services or are otherwise involved in your care.
 - 2. For healthcare operations-** your PHI may be disclosed to facilitate the efficient operation of a healthcare practice. This may include quality assessment, improvement activities; auditing; peer review and training; and cost management analysis. Example: your PHI may be used in the evaluation of the quality of healthcare services that you have received or to evaluate the performance of the healthcare professional who provided you with these services. Note that we may also create and distribute de-identified health information by removing references to individually identifiable health information.
 - 3. To obtain payment for treatment-** your PHI may be used to bill and collect payment for the treatment and services provided to you. Example: sending your PHI to your insurance company or health plan in order to get payment for the healthcare services provided to you; this includes providing your PHI to billing agents, claims processing entities, and other business associates who process healthcare claims.
 - 4. Other disclosure:** examples: your consent isn't required if you need emergency treatment.

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- B. **Certain other uses and disclosures do not require your consent.** Other use and/or disclosure of your PHI without your consent or authorization is permitted as follows:
- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: Disclosure to the appropriate official when a law requires a report of information to government agencies, law enforcement personnel, and/or an administrative proceeding.
 - 2. If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to its lawful authority.**
 - 3. If disclosure is required by a search warrant lawfully issued to a law enforcement agency.**
 - 4. If disclosure is compelled pursuant to California state laws or to corresponding federal statutes of regulations.**
 - 5. To avoid harm.** PHI may be provided to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
 - 6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or others, and the disclosure is necessary to help prevent danger.**
 - 7. If disclosure is mandated by the California State Child Abuse and Reporting law.**
 - 8. If disclosure is mandated by the California State Elder/Dependent Adult Abuse Reporting Law.**
 - 9. If disclosure is compelled or permitted because there is a serious/imminent threat of physical violence by you against a reasonable identifiable victim or victims.**
 - 10. For public health activities.** Example: in the event of death, disclosure is permitted to give the county coroner information about you.
 - 11. For health oversight activities.** Example: To assist the government in the course of an investigation or inspection of a healthcare organization or provider.
 - 12. For specific government functions.** Examples; Disclosure of PHI of military personnel and veterans under certain circumstances. Also, disclosure of PHI in the interests of national security, such as protecting the president of the United States or assisting with intelligence operations.
 - 13. For workers compensation purposes.** Disclosure of Phi in order to comply with workman's compensation laws.
 - 14. If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either part, pursuant to subpoena duces tectum (e.g. a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
 - 15. You may be contacted without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits.**
If disclosure is otherwise specifically required by law.
- C. **Certain uses and disclosures require that you have the opportunity to object.**
- 1. Disclosures to family, friends, or others.** As you direct, PHI may be provided to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment of your healthcare.
- D. **Other uses and disclosures require your prior written authorization.** In any other situation not described in sections IIIa, IIIb, and IIIc above, written authorization is required before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization in writing to stop additional disclosures, other than those releases made reliant on your prior authorization.

- IV. **Rights you have regarding your PHI.** These are your rights with respect to your PHI, which you can exercise by sending a written request to the privacy officer listed at the end of this notice:

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- A. **The right to see and get copies of your PHI.** In general, you have the right to see your PHI maintained by a healthcare provider, and to get copies of it.
- B. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask for limits on how your PHI is used and disclosed. Your request will be considered but the provider is not legally bound to agree to additional limitations, beyond those required by law. If the additional limits you request are agreed to, they will be documented in writing. They will be adhered to, except in emergency situations. You do not have the right to limit the uses and disclosure that a provider is legally required or permitted to make.
- C. **The right to choose how your PHI is sent to you.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending info to your work address instead of your home) or by an alternate method (for example, by email instead of regular mail). Your request will be honored provided that the PHI can be sent in the format you requested, without undue inconvenience.
- D. **The right to get a list (“accounting”) of the disclosures made.** You are entitled to a list of certain types of disclosure of your PHI. The list will not include uses or disclosures for treatment, payment, or healthcare operations, those sent directly to you, or to your family as you have directed; or those made pursuant to an authorization signed by you. Disclosure records will be held for 6 years with your treatment records.

Our response will be made to your request for an accounting of disclosures within 60 days of receiving your request. The list provided in response will include disclosures included in the previous 6 years unless you enter a shorter period. The list will include the date of the disclosure, to who disclose of PHI was disclosed. (Including their address, if known), a description of the information disclosed, and the reason for the disclosure. The list will be given to you at no cost unless you make more than one request in the same year, in which case you will be charged a reasonable sum for the set fee for each additional request.

- E. **The right to amend your PHI.** If you believe that there is some error in your PHI or that important information has been omitted it is your right to request a correction of the existing information. Your request and the reason for the request must be made in writing. You will receive a response in 60 days of receipt of your request. Your request may be denied in writing, if: the PHI (a) correct and not complete upon providers review, (b) forbidden to be disclosed, (c) not part of treatment records, or (d) or written by someone other than the provider. A denial must be in writing and must state the reasons for denial. It must also explain your right to file a written statement objecting to your denial. If you do not file a written objection, you still have the right to ask that your request and denial be attached to any further disclosures of your PHI. If your request is approved, your changes will be made to your PHI. Additionally you will be notified that the changes will be made.
 - F. **The right to get this notice.** You have the right to receive a written copy of this notice.
- V. **How to complain about privacy practices.** If, in your opinion, there have been violations of your privacy rights, or if you object to a decision about access to your PHI you are entitled to file a complaint with the person listed in section VI below.

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- VI. **Person to contact about this notice or to complain about privacy practices.** If you have any questions about this notice or any complaints about the privacy practices of this provider, please contact Elizabeth Rummer Breast Health and Rehabilitation Center
- VII. **Effective date of this notice.** This notice went into effect April 14, 2003.

Acknowledgement of Notice of Privacy Practices

I acknowledge receipt of this notice.

Patient Name: _____

Date: _____

Signature: _____