

Gardens Family Practice

NOTICE OF PRIVACY PRACTICES

Effective Date: 9/23/2013

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

Gardens Family Practice values you as a customer, and protection of your privacy is very important to us. In conducting our business, we will create and maintain records that contain protected health information about you and the health care services provided to you

“Protected health information” or “PHI” is information about you, including individually identifiable information about where you live, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

This Notice takes effect on: 9/23/13 and will remain in effect until we replace or modify it.

1. This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect your PHI. We are required by certain federal and state laws to maintain the privacy of your PHI. We also are required by the federal Health Insurance Portability and Accountability Act (or “HIPAA”) Privacy Rule to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI.

1. We protect your privacy by:

- 1. Limiting who may see your PHI.**
- 2. Limiting how we may use or disclose your PHI.**
- 3. Informing you of our legal duties with respect to your PHI.**
- 4. Explaining our privacy policies.**
- 5. Adhering to the policies currently in effect.**

Copies of this Notice

1. You may request a copy of our Notice at any time. It is your right and our duty to deliver a copy of the notice to you on the very first opportunity we provide healthcare services to you.

2. Based on your preference, the notice may be delivered electronically through email, a physical copy or both. The notice shall also be made available on our website as a downloadable link.
3. We shall retain and document details of delivery of the notice to you and may seek your signatures as acknowledgement of receipt.
4. However, if you are enrolled in a group health plan the Notice will be issued by the health plan or the health insurer and not by Gardens Family Practice.
5. If you want more information about our privacy practices, or have questions or concerns, please contact us using the contact information at the end of this Notice.

Changes to this Notice

8. The terms of this Notice apply to all records that are created or retained by us which contain your PHI. We reserve the right to revise or amend the terms of this Notice. A revised or amended Notice will be effective for the entire PHI that we already have about you, as well as for any PHI we may create or receive in the future. We are required by law to comply with whatever Privacy Notice is currently in effect. You will be notified of any material change to our Privacy Notice before the change becomes effective.

Potential Impact of State Law

9. The HIPAA Privacy Rule generally does not “pre-empt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the PHI concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

How We May Use and Disclose Your Protected Health Information (PHI):

10. We are permitted to use and disclose your PHI, to provide treatment to you, to be paid or request payment for our services, and to conduct health care operations. This section of this Notice discusses each of these types of uses and disclosures of PHI.

1. For Treatment. We may use PHI about you to provide you with health care treatment or services. For example, we may use your PHI when performing medical procedures. We may disclose PHI about you to our Organization workforce, as well as to doctors, nurses, hospitals, clinics,

or other health care providers who are involved in your care. For example, a doctor treating you for a medical condition may need to know the medications which have been prescribed for you or the services and items that have been provided to you.

2. **For Payment.** We may use and disclose PHI about you so that the services and items that you receive may be billed to and payment may be collected from you, an insurance company, or a third party payer. We may need to give your health plan information about the services or items that you received so that your health plan will pay us or reimburse you for the services or items.
3. **For Health Care Operations.** We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to make sure you receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in providing services to you. We may also disclose information to doctors, nurses, hospitals, clinics, and other health care providers, for review and learning purposes. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning the names of the specific individuals.

We May Use and Disclose Your (PHI) without an Authorization from You for the Following:

11. Uses and Disclosures Required by Law : We may use or disclose PHI under the requirements of law without an authorization :

1. To the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. To a public health authority that is authorized by law to collect or receive such information for the purposes authorized by law including cases of child abuse or neglect.
3. To a person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity.
4. Of a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition for intervention or investigation.
5. To an employer of an individual who is provided healthcare on the request of the employer, to help conduct an evaluation of medical surveillance of work environment or relate to a work related illness. The disclosure is limited to the purpose mentioned and shall include a written notification to the individual on such disclosure.

6. To a school about an individual who is a student or prospective student of the school limited to information on immunization, where such requirement is legal. Such disclosure shall be supported by an agreement with the parent/guardian of the individual in case of a minor or with the individual in case of an adult or emancipated minor.

12. Disclosures about Victims of Abuse, Neglect or Domestic Violence: We may disclose PHI about an individual who is reasonably believed to be a victim of abuse, neglect or domestic violence, to a government authority, including a social service or protective services agency, authorized by law to receive such reports. The disclosure will be bound by :

1. Extent of disclosure as required and in compliance with law.
2. With or without the agreement of the individual to such disclosure, as long as the disclosure is authorized by law and/or in exercise of professional judgment of Gardens Family Practice.
3. The individual or his personal representative shall be informed of such disclosure unless a professional judgment indicates risk or harm to the individual with such information disclosure to the individual.

13. Disclosures for Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions or other activities necessary for appropriate oversight of:

1. The health care system.
2. Government benefit programs for which health information is relevant to beneficiary eligibility.
3. Government regulatory programs for which health information is necessary for determining compliance with program standards.
4. Civil rights laws for which health information is necessary for determining compliance.
5. A health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity.

14. Disclosures for Judicial and Administrative Proceedings:

1. We may disclose PHI for the purposes of judicial and administrative proceedings in response to an order of a court, administrative tribunal.
 1. In response to a subpoena, discovery request without a court order, under the circumstances that:
 1. Satisfactory assurances in writing with evidence that reasonable efforts have been made by such party to ensure

that the individual who is the subject of the PHI that has been requested has been given notice of the request.

2. Or satisfactory assurance, from the party seeking the information that reasonable efforts have been made to secure a qualified protective order.

15. Disclosures for Law Enforcement Purposes:

1. We may disclose PHI for a law enforcement purpose to a law enforcement official under the following conditions:

1. As required by law including laws that require the reporting of certain types of wounds or other physical injuries.
2. In compliance with and as limited by the relevant requirements of a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer, or a grand jury subpoena or an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand. The disclosure shall be made as relevant to the purpose of enquiry and when de-identified information could not be used.

1. We may disclose PHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person. The information disclosure will be restricted to Name and address, date and place of birth, SSN, Blood type and RH factor, type of injury sustained, date and time of treatment, date and time of death if applicable and physical description of individual.
2. For the stated purpose of identification or location, Gardens Family Practice may not disclose individual's DNA analysis, dental records and samples of body fluids and tissue.
3. We may disclose PHI in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime provided the individual agrees to such disclosure. In case the individual is incapacitated or under emergency circumstances, and if the disclosure is legally compelling with no intent to use against the individual, the disclosure shall be made.
4. We may disclose PHI about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if there is a suspicion that such death may have resulted from criminal conduct.
5. We may disclose to a law enforcement official PHI if it is believed in good faith, that the information constitutes evidence of criminal conduct that occurred on the premises of the Gardens Family Practice.

- 6. Gardens Family Practice, in the course of a medical emergency, shall disclose PHI to a law enforcement officer if the individual is suspected to be a victim of crime or violence.**

16. Uses and Disclosures about Decedents

- 1. We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.**
- 2. We may disclose PHI to funeral directors, consistent and as necessary with law, to carry out their duties with respect to the decedent. Where necessary, the PHI will be disclosed prior to, and in reasonable anticipation of, the individual's death.**

17. Uses and Disclosures for Cadaveric Organ Donations

- 1. We may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating donation and transplantation.**

18. Uses and Disclosures for Research Purposes

- 1. We may disclose PHI for research, regardless of the source of funding of the research, under the following conditions:**
 - 1. With documentation related to approval of a waiver of authorization by institutional review board or a properly constituted privacy board.**
 - 2. Acceptance of necessity for the purpose of research and description of information sought.**

19. Uses and Disclosures to Avert a Threat to Health or Safety

- 1. We may, consistent with law and in good faith shall disclose PHI to avert a serious threat to health or safety under the following conditions:**
 - 1. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.**
 - 2. Is necessary for law enforcement authorities to identify or apprehend an individual.**
 - 3. Where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.**
 - 4. The extent of disclosure shall be limited to the purpose.**

20. Disclosures for Workers' Compensation

1. We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

We May Use and Disclose Your (PHI) only with an Authorization from You for the Following:

21. Disclosure of Psychotherapy Notes: We shall obtain an authorization for any use or disclosure of psychotherapy notes, except under the following conditions:

- 1. To carry out treatment, payment, or health care operations by Gardens Family Practice.**
- 2. Use or disclosure by Gardens Family Practice for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counselling.**
- 3. Use or disclosure by Gardens Family Practice to defend itself in a legal action or other proceeding brought by the individual.**
- 4. When required by the Secretary to investigate or determine regulatory compliance status of Gardens Family Practice.**
- 5. Gardens Family Practice may use or disclose PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.**
- 6. Gardens Family Practice may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions or other activities necessary for appropriate oversight.**
- 7. Gardens Family Practice may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.**
- 8. Gardens Family Practice may, consistent with applicable law and standards of ethical conduct, use or disclose PHI, if Gardens Family Practice, in good faith, believes the use or disclosure is to prevent an imminent threat to a person or public. Disclosure for Marketing.**

22. Disclosure of PHI for Marketing Purposes: We shall obtain an authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of:

- 1. A face-to-face communication made by a covered entity to an individual.**
 - 2. A promotional gift of nominal value provided by the covered entity.**
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- 1. If the marketing involves financial remuneration to the Gardens Family Practice from a third party, the authorization shall state that such remuneration is involved. Disclosure of PHI with intent of sale.**
 - 2. We shall obtain an authorization for any use or disclosure of PHI for the purpose of sale of PHI as authorized by the regulations. Such authorization shall state that the disclosure shall result in remuneration to Gardens Family Practice.**
 - 1. Valid Authorizations: An authorization to disclose PHI, shall be in plain language and shall contain the under mentioned elements.**
 - 1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.**
 - 2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.**
 - 3. The name or other specific identification of the person(s), or class of persons, to whom Gardens Family Practice may make the requested use or disclosure.**
 - 4. A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.**
 - 5. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of PHI for research, including for the creation and maintenance of a research database or research repository.**
 - 6. Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.**
 - 2. Conditioning of Authorizations: We shall not condition the provision to an individual of treatment, payment, enrolment in**

the health plan, or eligibility for benefits on the provision of an authorization, except under the following conditions:

1. Gardens Family Practice may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of protected health information for such research.
 2. The authorization is not for a use or disclosure of psychotherapy notes.
 3. Gardens Family Practice may condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on provision of an authorization for the disclosure of the PHI to such third party.
3. A copy each of the authorization duly signed by you shall be retained by us for records and provided a copy to you.

Rights you can Exercise with Regard to Your PHI:

You have the following rights regarding the PHI that we maintain about you. Requests to exercise your rights must be in writing.

1. **Right to Access Your PHI:** You have the right to inspect or get copies of your PHI contained in a designated record set. Generally, a “designated record set” contains medical, enrolment, claims and billing records we may have about you, as well as other records that we may use to make decisions about your health care benefits.
 2. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.
1. **Right to Copy:** You may request that we provide copies of your PHI in a format other than photocopies. We will use the format you request unless we cannot practicably do so. We may charge a reasonable fee for copies of PHI (based on our costs), for postage, and for a custom summary or explanation of PHI. You will receive notification of any fee(s) to be charged before we release your PHI, and you will have the opportunity to modify your request in order to avoid and/or reduce the fee. In certain situations we may deny your request for access to your PHI. If we do, we will tell you our reasons in writing, and explain your right to have the denial reviewed. If you seek a review, a licensed health care provider chosen by us will review your request and the denial. The person conducting the review will not be the person who originally denied your request. We shall comply with the outcome of the review.

- 2. Right to Request an Amendment to PHI:** You have the right to request that we amend your PHI if you believe there is a mistake in your PHI, or that important information is missing. To request an amendment to your PHI, your request must be made in writing. In addition, you must provide a reason that supports your request. We will generally make a decision regarding your request for amendment no later than 60 days after receipt of your request. However, if we are unable to act on the request within this time, we may extend the time for 30 more days but shall provide you with a written notice of the reason for the delay and the approximate time for completion. If we deny your requested amendment, we will provide you with a written denial. Approved amendments made to your PHI will also be sent to those who need to know. We may also deny your request if, for instance, we did not create the information you want amended. If we deny your request to amend your PHI, we will tell you our reasons in writing, and explain your right to file a written statement of disagreement.
 - 1. Right to an Accounting of Certain Disclosures:** You may request, in writing, that we tell you when we or our Business Associates have disclosed your PHI (an “Accounting”). Any accounting of disclosures will not include those we made:
 1. for payment, or health care operations
 2. to you or individuals involved in your care;
 3. with your authorization;
 4. for national security purposes;
 5. to correctional institution personnel
- 3. To request accounting of such disclosures, your request must be submitted in writing. Your request must also state a time period, which may not be longer than six (6) years. Your request should also specify the format in which you prefer to receive the accounting. i.e. on paper or electronic format. We may charge you for the costs of providing the accounting. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.**
- 4. Right to Request Restrictions:** You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing, or until we tell you that we are terminating our agreement to a restriction.
- 5. Right to Request Confidential Communications:** You have the right to request, in writing, that we use alternate means or an alternative location to communicate with you in confidence about your PHI. For instance, you may ask that we contact you by mail, rather than by

telephone, or at work, rather than at home. Your written request must clearly state that the disclosure of all or part of your PHI at your current address or method of contact we have on record could be an endangerment to you. We will require that you provide a reasonable alternate address or other method of contact for the confidential communications. In assessing reasonableness, we will consider our ability to continue to receive payment and conduct health care operations effectively, and the subscriber's right to payment information. We may exclude certain communications that are commonly provided to all members from confidential communications. Examples of such communications include benefit booklets and newsletters.

6. **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of our Notice of Privacy Practices. You can request a copy at any time, even if you have agreed to receive this Notice electronically.
7. **Right to File a Privacy Complaint:** If you believe your privacy rights have been violated, or if you are dissatisfied with our privacy practices or procedures, you may file a complaint with Gardens Family Practice's Privacy Office and or with the Secretary of the U.S. Department of Health and Human Services. Gardens Family Practice assures you that filing a complaint will not in any way impact our services to you nor will there be any retaliatory acts against you.
8. **If you feel the need to interact with us on any issues related to this Notice or to file a privacy complaint with us, you may contact the Privacy Office as follows:**

Frances Giebner Privacy Officer Telephone: (561) 627-7433 Gardens Family Practice

Notice of privacy practice acknowledgement and consent:

Signature of patient (or patient's personal representative)

Date

Printed name of patient representative Representative's authority to sign for patient,

(i.e parent, guardian, power of attorney for healthcare, executor)