

# HIPAA Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

#### **Our Uses and Disclosures**

# How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### To treat you

We can use your health information and provide it to others who are treating you.

Example: A doctor treating you for an injury asks another of your doctors about your overall health condition.

Reliant Medical Group uses a secure electronic medical record. Access to your medical records and other information maintained by Reliant Medical Group is restricted to clinicians and staff who need the information for treatment, payment or health care operations purposes, or other allowable purposes as described by this Notice.

In some cases, providers at other health care organizations may be able to electronically access your health information created or maintained by Reliant Medical Group, either through a secure connection to Reliant Medical Group or through a secure network for the transmission of health information, such as the Massachusetts Health Information Highway ("The Hlway"). All of these providers are required to take steps to protect the confidentiality of your information.

# To run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to assess the quality of care we provide.

## To bill for our services

We can use and share your health information to bill and collect payment from health plans or other entities, including individuals, such as family members, who are responsible for paying for your health care.

Example: We give information about you to your health insurance plan so it will pay for our services.

#### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- · Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research

We can use or share your information for health research.

#### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Example: Massachusetts Immunization Information System (MIIS) is a statewide system to track immunization given to you and your family. The goal is to ensure everyone in Massachusetts is up-to-date with their vaccination and that your records are available when you need them such as when your child enters school, in an emergency, or when you change healthcare providers. More information about the program can be provided to you at your request.

You can choose to opt out of the program, but your information will continue to be maintained in the MIIS database. Opting out means only your provider and the Department of Public Health will have access to your information. You will need to keep track of you or your child's immunization records in the event that you change doctors or get immunizations from another healthcare provider. You can get this withdrawal form from your healthcare provider.

#### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

#### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

# Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- · For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

# **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.
  If you change your mind at any time, you must let us know in writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

FORM # 25633 (1/18) POD **OVER** 

## **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- Reliant Medical Group retains medical records and other health information in accordance with federal and state law.
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee in accordance with federal and state law.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.
- If we say "no", you still have the right to have your dis agreement noted in your file.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or operations.
  We will say "yes" unless a law requires us to share that information.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

# Get a copy of this privacy notice

 You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
We will provide you with a paper copy promptly.

# Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

# File a complaint if you feel your rights are violated

 You can complain if you feel we have violated your rights by contacting: the site where you receive care, the Reliant Medical Group Customer Service Department at 1–800–993–8399, the Section 504 Coordinator at 1–508–368–5492, the Privacy Officer for Reliant Medcial Group at 1–508–368–5492, or the Compliance Hotline at 1–888–203–9061.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1–877–696–6775, or visiting www.hhs.gov/ocr/privacy/ hipaa/complaints/; and you can file a complaint with the Medicare Ombudsman at 1–800–MEDICARE, or visiting www. cms.hhs.gov/center/ombudsman.asp OR the Massachusetts Office of Patient Protection at 1–800–436–7757.
- We will not retaliate against you for filing a complaint.

#### **Your Choices**

For certain health information, you can tell us your choices about what we share. Please let us know if you have a clear preference for how we share your information in the situations described below.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not present, unable to communicate, or in an emergency situation, we may exercise professional judgment to determine whether to disclose information with others involved in your care. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- · Marketing purposes
- Sale of your information

In addition, federal and state laws require your specific written authorization for the disclosure of certain information about you. This information includes psychotherapy notes as defined by federal law; communications with certain behavioral health professionals; communications between domestic violence victims and domestic violence counselors, and between sexual assault victims and sexual assault counselors; and information related to substance abuse treatment, HIV testing or results, treatment of sexually transmitted diseases, and genetic testing or test results

In the case of fundraising:

• We may contact you for fundraising efforts, but you can tell us not to contact you again.

# Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, at Reliant Medical Group, and on our web site.

#### **Effective Date of this Notice**

This Notice is effective on January 1, 2018.