

Pulmonary & Critical Care Associates, P.C.

HIPAA Notice of Privacy Practices

Effective Date: January 1, 2015

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Sandra Lange at 586-314-0080

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the practice, whether made by your physician, practice personnel or agents of the practice.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information. We will abide by the terms of this notice.

USES AND DISCLOSURES

How we may use and disclose Health Information about you.

The following categories describe examples of the way we use and disclose health information:

For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians or other practice personnel who are involved in your care. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribe. Different departments of the practice also may share health information about you in order to coordinate the different things you may need, such as prescriptions, on-site testing, x-rays, etc.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. Example: We may need to send your protected health information, such as your name, address, office visit date and codes identifying your diagnosis and treatment to your insurance company for payment.

For Health Care Operations: We may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. Example: We may combine health information about many patients to evaluate the need for new services or treatment. And we may combine health information we have with that of other facilities to see where we can make improvements.

Fundraising: We may contact you to raise funds for the practice; however, you have the right to elect not to receive such communications.

We may also use and disclose health information:

- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For population based activities relating to improving health or reducing health care costs;
- For conducting training programs or reviewing competence of health care professionals; and
- To a Medicaid eligibility database and the Children's Health Insurance Program eligibility database, as applicable.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

Business Associates: There are some services provided in our organization through contracts with business associates. Example: Certain laboratory tests or a transcription service we use for transcription of our providers' documentation of your visit. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes: We may release health information about you to a relative, close personal friend or any other person you identify as involved in your medical care and the information is relevant to your care. Example: A patient may identify their son/daughter/sibling to receive information relevant to their care.

Research: The use of health information is important to develop new knowledge and improve medical care. We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You may also be contacted to participate in a research study.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities our practice is participating in.

Health Information Exchange/Regional Health Information Organization: Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.

As required by law. We may disclose information when required to do so by law. Example: We are required by law to report confirmed cases of tuberculosis to the local board of health in the community where the case resides.

As permitted by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors and Coroners
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- A person or persons able to prevent or lessen a serious threat to health or safety

Law Enforcement: We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

For Judicial or Administrative Proceedings: We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

Authorization Required: We must obtain your written authorization in order to use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes, or to sell your protected health information.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

YOUR HEALTH INFORMATION RIGHTS

You have several rights with respect to medical information about you. This section of the Notice will briefly outline these rights. If you would like to know more about your rights, please contact our Privacy Officer.

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to use will be made only with your written authorization. If you give 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 thereafter no longer use or disclose medical information about you for the reason 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 we have provided you.

Although your health record is the physical property of the healthcare practitioner or practice that compiled it, you have the **Right to:**

- **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing and other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. Any request for an amendment must be sent in writing to the Privacy Officer at this practice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.
- **An Accounting of Disclosures:** You have the right to request an accounting (which means a detailed listing) of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required. If you request an accounting more than once every 12 months, we may charge you a fee to cover the costs of preparing the accounting.
- **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health 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. Example: You could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the practice's Privacy Officer.
- We are required to agree to your request *only* if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), **and** 2) your information pertains solely to health care services for which you have paid in full. **For other requests, we are not required to agree.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a

health plan), has paid us for in full. Once you have requested such restriction(s), and your payment has in full has been received, we must follow your restriction(s).

- ***Request Confidential Communications:*** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Example: You may ask that we contact you at work instead of your home. The practice will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing to the practice's Privacy Officer and the written request includes a mailing address where the individual will receive bills for services rendered by the practice and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.
- ***Right to Opt-Out of Fundraising Communications:*** If we conduct fundraising and we use communications like the U.S. Postal Service or electronic mail for fundraising, you have the right to opt-out of receiving such communications from us.
- ***Notification if a Breach of your Medical Information Occurs:*** You have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following:
 - A brief description of what happened;
 - A description of the health information that was involved;
 - Recommended steps you can take to protect yourself from harm;
 - What steps we are taking in response to the breach; and,
 - Contact procedures so you can obtain further information.
- ***A Paper Copy of This Notice:*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- You may visit our website (www.mypccadocs.com) and print or view a copy of this notice by clicking on the Notice of Privacy Practices link found under the About Us tab.

To exercise any of your rights, please obtain the required forms from the practice's Privacy Officer and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the practice and on our website and include the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

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

PRIVACY OFFICER CONTACT INFORMATION

Practice Privacy Officer: Sandra Lange

Mailing Address: 50505 Schoenherr Road, Suite 290, Shelby Township, MI 48315

Telephone Number: 586-314-0080