



LAS VEGAS ENDOCRINOLOGY

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice of Privacy Practices is **NOT** an authorization. This Notice of Privacy Practices describe how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) 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 condition and related health care services.

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, diagnosis, treatment, and a plan for future care of treatments. This information is often referred to as your health or medical records and serves as a:

- Basis of planning your care and treatment
- Means of communication among the health professionals participating in your care
- Legal document describing the care you received
- Means by which you or a third-party payer can certify that the services billed were actually provided
- A source of information for public health officials charged with improving the health of the nation
- A tool with which we can assess and continually work on to improve the care we deliver and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, make more informed decisions when authorizing disclosure to others; and better understand who, what, when, where and why others may access your health information.

Understanding your Health Information Rights

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your Information (45 CFR 164.522)
- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a copy of your health record (reasonable fees may apply) (45 CFR 164.524)
- Request to amend your health record (45 CFR 164.528)
- Obtain an accounting of disclosures of your health information (45 CFR 164.528)
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

We are required to:

- Maintain privacy of your health information
- Provide you with a notice as to our legal duties & privacy practices with respect to your information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on disclosure or amendment to your record
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations



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- We reserve the right to change the terms of this notice and to make the changes effective for all protected health information we maintain. If our information practices change, we will notify you the next time you come to our office for treatment.
- If you believe your privacy rights have been violated, **you can file a complaint with the Office of Civil Rights either by calling 800-368-1019 or by writing to U.S. Dept of Health & Human Services 90 7th Street Suite 4-100, San Francisco CA 94103.**

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed in the following situations:

- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your medical information may be provided to other physicians and health care providers, DME vendors, surgery centers, hospitals, home health providers, laboratories, pharmacies, etc. to ensure that the medical provider has the necessary medical information to diagnose and provide treatment to you.
- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Additionally, we may be required to forward additional information to substantiate the medical necessity of the care delivered and that the care for which the claim was submitted was actually delivered. Further, we may disclose health information to the extent authorized and to the extent necessary to comply with Worker's Compensation or other similar programs established by law.
- **Healthcare Operations:** We will use and disclose your protected health information to manage, operate, and support the business activities of our practice. These activities include, but are not limited to, quality assessment, employee review, licensing, training of medical students/residents, and conducting or arranging for other business activities. In addition, we will use a sign-in sheet at the check in desk where you will be asked to sign your name. We will also call you by name in the waiting room when your provider is ready to see you. We will use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Business Associates:** There are some services provided in our organization through contracts with business associates. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. Examples include services by laboratories and chronic care management services. Please know and understand that all our business associates are obligated to comply with the same HIPAA privacy and security rules in which we are obligated. Additionally, all of our business associates are under contract with us and committed to protect the privacy and security of your protected health information.
- **Communication with family and/or individuals:** After careful judgement, we may disclose to a family member or other individual you designate, health information relevant to that person's involvement in your care or payment related to your care. Protected health information of MINORS will be disclosed to their parents or legal guardians, unless prohibited by law.
- **Funeral directors & organ procurement organizations:** We may disclose health information to funeral directors consistent with applicable law. We may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.



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- **Health Oversight Activities:** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, provided that we or our business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.
- **Research:** Your protected health information may be disclosed to researchers for the purpose of conducting research when the research has been approved by an Institutional Review or Privacy Board and in compliance with law governing research.
- **Breach Notification Purposes:** If for any reason there is an unsecured breach of your protected health information, we will utilize the contact information you have provided us with to notify you of the breach, as required by law. In addition, your protected health information may be disclosed as a part of the breach notification and reporting process.
- **Practice Ownership Change:** If our medical practice is sold, acquired, or merged with another entity, your protected health information will become the property of the new owner. However, you will still have the right to have copies transferred to another physician or request copies of your records.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable disease, abuse or neglect, domestic violence, legal proceedings, law enforcement, coroners and medical examiners, inmates, military activity and national safety, workers' compensation, and other required uses and disclosures.