

# NICKEL OBSTETRICS & GYNECOLOGY

ADAM NICKEL, PLLC

222 N J STREET, SUITE A

TACOMA, WA 98403

(253) 572-4664

## HIPPA 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 review it carefully.**

Our Physicians and staff respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. The Law protects the privacy of the Health information we created and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State Law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

### **For Treatment:**

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care

### **For Payment:**

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedure performed, or recommended care.

### **For health care operations:**

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We will not use patient data for fundraising purposes.
- We may use and disclose your information to conduct or arrange for services, including:
  - Medical quality review by your health plan;
  - Accounting, legal, risk management, and insurance services;
  - Audit functions, including fraud and abuse detection and compliance programs.

### **Your Health Information Rights**

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice");
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information-except in certain circumstances;
- Ask us to change your information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights, or if you have any Questions or Complaints during normal business hours, please contact:

The Billing & Records Supervisor

222 N J Street, Suite A

Tacoma, WA 98403

(253) 573-4664

If you believe your privacy rights have been violated, you may discuss concerns with any staff member. You may also deliver a written complaint to our office manager Marnie Nickel. You may also file a complaint with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

## **Other Disclosures and Uses of Protected Health Information**

### **Notification of Family and Others**

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- If you are hospitalized information may be provided to people who ask for you by name. We may use and disclose the following information in a hospital directory:
  - Your name
  - Location
  - General condition
  - Religion (only to clergy)

You have the right to object to this use of disclosure of your information. If you object, we will not use or disclose it.

### **We may use and disclose your protected health information without your authorization as follows:**

- **With Medical Researchers**-if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **To Funeral Directors/Coroners** consistent with applicable law to allow them to carry out their duties
- **To Organ Procurement Organizations (tissue donation and transplant)** or persons who obtain, store, or transplant organs.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To Comply with workers Compensation Laws**- if you make workers compensation claim.
- **For Public Health and Safety Purposes as allowed or Required by law:**
  - To prevent or reduce serious, immediate threat to health or safety of person
  - Or the public
  - To public health or legal authorities
  - To protect public health and safety
  - To prevent or control disease, injury, or disability
  - To report vital statistics such as births or deaths
- **To Report Suspected Abuse or Neglect**- to public authorities
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others
- **For Law Enforcement Purposes**- such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others
- **For Work- Related Conditions that Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

### **Other Uses and Disclosures of protected Health Information**

- Uses and Disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

**Effective Date: April 14, 2003**

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**Addendum To Notice of Privacy Practices**

**(Effective February 22, 2010)**

THIS ADDENDUM TO NOTICE OF PRIVACY PRACTICES describes the HIPPA breach notification policies of our office and implements the U.S. Department of Health & Human Services Rule for notification of breaches of unsecured protected health information.

Our Office takes very seriously our obligation to protect our patients' privacy and, accordingly, we have implemented numerous procedures to safeguard our patients' personal and health information to ensure that no impermissible use or disclosure of such information is ever made.

HIPPA, as amended by the Health Information Technology for Economics and Clinical Health Act of 2009 (the "Acts") require us to notify an affected patient and the U.S. Department of Health and Human Services of an impermissible use or disclosure of secured protected health information in certain circumstances.

In the event of a breach, we are required to provide notification to each affected patient as soon as reasonably possible, but in no case later than sixty (60) calendar days after the date the breach was discovered. The notification will include, to the extent possible, (1) a brief description of what happened, including the date of the breach and the date of discovery of the breach if known; (2) a description of the type(s) of unsecured protected health information that was involved in the breach; (3) any steps our patient should take to protect himself or herself from potential harm resulting from the breach; (4) a brief description of what we are doing to investigate the breach, to mitigate the harm to our patient, and to protect against any further breaches; and (5) the contact procedures for our patient to ask questions or learn additional information, as required by the Acts.

We will maintain a log of any breaches and annually submit the log to the U.S. Department of Health & Human Services.

In the event you believe there has been a breach by our office of any of our obligations resulting in an impermissible use or disclosure of unsecured protected health information, we encourage you to report it to us in writing so that we may investigate the possibility and fulfill our obligation pursuant to Acts. For your convenience, you may use the attached form to notify us of a suspected breach, or you may use any other written form of communication convenient for you.

In the alternative, you may submit a written complaint to the U.S. Department of Health & Human Services. We will provide you with that address upon request.