



## HIPAA Notice of Privacy Practices

Effective 02/10/2016

This notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise rights. Please review it carefully.

If you have any questions about this Notice, please contact Stephanie Glines our Privacy Officer at 541-485-2704.

### **Our Obligations:**

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect
- To Notify you following a breach of unsecured Protected Health Information.

### **How we may Use and Disclose Health Information:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written authorization. You may revoke such authorization in writing at any time, except to the extent that we have already relied on the authorization.

**For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses or other personnel outside our office, who are involved in your medical care and need the information to provide you with medical care.

**For Payment:** We may use and disclose Health Information so that we may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Healthcare Operations:** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to outside agencies whose responsibility it is to assess and accredit our organization to ensure that we

provide only equipment and services in a safe manner by individuals qualified and/or licensed by state or federal guidelines.

**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Special Situations:**

**As required by Law:** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities.

**Workers Compensation:** We may release Health Information for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability, report child abuse or neglect, report adverse reactions to medications or problems with products; and notify people of recalls of products they may be using. We will only make this disclosure if you agree and when required or authorized by law.

**Health Oversight Activities:** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, inspections, investigations and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosures of your health information.

**Lawsuits and Disputes / Law Enforcement:** We may use or disclose your Health Information as required by Law typically in response to a subpoena or court order.

**Inmates or Individuals in Custody:** If you are an inmate of a correctional institution we may release Health Information to the correctional facility, 1) to provide you with health care, 2) to protect your health and safety or the health and safety of others; or 3) the safety and security of the correctional institution.

### **Your Rights:**

You have the following rights regarding your Health Information we have about you:

**Right to Inspect and Copy:** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. Psychotherapy notes require a separate written authorization.

**Right to an Electronic Copy of Electronic Medical Records:** We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form.

**Right to get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend:** If you feel that the Health Information we have is incorrect or complete, 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 our office.

**Right to an Accounting Disclosure:** You have the right to request a list of certain disclosures we made of Health Information for purposes other than Treatment, Payment or Healthcare operations or for which you provided written authorization.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the Health Information we use or disclose for Treatment, Payment or Healthcare operations. You also have a right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, for example, a family member or friend.

**Out of Pocket Payments:** If you paid out-of-pocket in full for a specific item or service (or you have requested that we not bill your health plan) you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to the Health Plan for purposes of payment or healthcare operations and we will honor that request.

**Right to Request Confidential Information:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can request we contact you by mail or at work.

**To exercise any of the rights described above you must make your request in writing to our Privacy Officer – Stephanie Glines at PO Box 50490 Eugene, Or 97405 or simply drop your request off at the office.**

**Changes to this Notice:** We reserve the right to change this notice and make the new notice apply to the Health Information we already have as well as any information we receive in the future. We will post a current notice at our office. The notice will contain the effective date in the top right hand corner. We will also post a current copy on our website: [www.pneu-med.com](http://www.pneu-med.com)

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with our privacy officer or with the Secretary of the Department of Health and Human Services Office of Civil Rights. To file a complaint with our office, contact Stephanie Glines. All complaints must be made in writing. There will be no retaliation for filing a complaint.

You may contact our office at:

Pneu-Med Inc  
3475 East Amazon Drive / PO Box 50490  
Eugene, Or 97405  
541-485-2704 or 800-636-2704