

NOTICE OF HEALTH INFORMATION PRACTICES / PRIVACY NOTICE

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.

This Privacy Notice is being provided to you as a requirement of the federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. Your “protected health information” means any written, oral or electronic information about you, including demographic data that can be used to identify you, created or received by your health care provider, which relates to your past, present, or future physical or mental health or condition.

Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations. We may use your protected health information for the purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless we have obtained your authorization or the use or disclosure is permitted or required by the HIPAA regulations or other law. Disclosures of your protected health information for the purposes described in the Privacy Notice may be made in writing, orally, or by electronic means.

1. **Treatment.** We will use and disclose your protected health care information to provide, coordinate, or manage your health care and related services, including coordination and management with third parties for treatment purposes. Here are some examples of how we may use or disclose your protected health information for treatment:
 - a. We may disclose your protected health information to a laboratory to order tests.
 - b. We may disclose your protected health information to other physicians who may be treating you or consulting with us regarding your care.
 - c. We may disclose your protected health information to those who may be involved in your care after you leave here, such as family members or your personal representative.
2. **Payment.** We will use your protected health information to obtain payment for the services we provided to you. We may also disclose your protected health information to another provider involved in your care for their payment activities. Here are some examples of how we may use or disclose your protected health information for payment:
 - a. We may communicate with your health insurance company to get approval for the services we render, to verify your health insurance coverage, to verify that particular services are covered under your insurance plan, and to demonstrate medical necessity.
 - b. We may disclose your protected health information to anesthesia care providers involved in your care so they can obtain payment for their services.
3. **Health Care Operations.** We may use and disclose your protected health information to facilitate our own health care operations and to provide quality care to all of our patients. Health Care Operations include such activities as: quality assessment and improvement; employee review activities; conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance reviews; business

planning and development, and business management and general administrative activities. In certain situations, we may also disclose your protected health information to another provider or health plan for their health care operations. Here are some examples of how we may use or disclose your protected health information for health care operations:

- a. We may use your protected health information to review our treatment and services and to evaluate the performance of our staff in our caring for you.
 - b. We may combine protected health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
 - c. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.
 - d. We may also use or disclose your protected health information in the course of maintenance and management of our of our electronic health information systems.
4. **Fundraising Activities.** We may use your demographic information, including name and address, to contact you for fundraising purposes. Here are some examples of how we may use or disclose your protected health information for fundraising activities:
- a. We may use your demographic information to send mass mailings regarding information about certain Dunkirk Family Practice fundraising events and/or donations.

You have the right to opt out of receiving fundraising communications at any time. If you wish to be removed from future DFP fundraising communications, please contact the office by telephone (410-286-3865) or e-mail us from your patient portal. We will honor your request not to receive any DFP fundraising communications from us after the date we receive your decision. You also have the opportunity to opt out on the Notice of Health Information Practices. Please note that a request to opt out will have no impact on health care services provided.

5. **Other Uses and Disclosures.** As part of the function above, we may use or disclose your protected health information to provide you with appointment reminders, to inform you of treatment alternatives, or to provide you with information about other health-related benefits and services which may be of interest to you.

Uses and Disclosures of Protected Health Information Permitted without Authorization Required or Opportunity for the Individual to Object

The Federal privacy rules allow us to use or disclose your protected health information without your authorization and without your having the opportunity to object to such use or disclosure in certain circumstances, including:

1. **When Required by Law.** We will disclose your protected health information when we are required to do so by federal, state or local law.
2. **For Public Health Reason.** We may disclose your protected health information as
 - a. For the prevention, control, or reporting of disease, injury or disability;
 - b. For the reporting of vital events such as birth or death;
 - c. For public health surveillance, investigations, or interventions;
 - d. For purposes related to the quality, safety, or effectiveness of FDA-regulated products or activities, including:

- i. Collection and reporting of adverse events, product defects or problems, or biological product deviations
 - ii. Tracking of FDA-regulated products
 - iii. Product recalls, repairs, or look back,
 - iv. Post-marketing surveillance
 - e. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition;
 - f. Under certain limited circumstances, to report to an employer, information about an individual who is a member of the employer's workforce.
 - g. Wound or physical injury reporting, as required by law.
 - h. Incompliance with, and as limited by the relevant requirements of a court order or court-ordered warrant, a subpoena, summons, or similar process.
 - i. Identification or location of a suspect, fugitive, material witness, or missing person.
 - j. Under certain limited circumstances when you are the victim of a crime.
 - k. Alerting law enforcement of the death of an individual where there is suspicion that the death may have resulted from the criminal conduct.
 - l. Reporting criminal conduct that occurred on the premises of the provider.
 - m. In an emergency, to report a crime.
3. **To Report Abuse, Neglect, or Domestic Violence.** We may notify government authorities if we believe a patient is a victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically authorized or required by law, or when the patient agrees to the disclosure.
4. **CRISP Participation.** We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org.

Anti-Kickback Letter

Dear Patient:

Due to policy provisions in your contract with your insurance carrier, we are obliged to collect all patient responsibility balances.

If your insurance policy has provisions such as deductibles, coinsurances, or copayments please note that these are provisions that have been agreed to between you and your carrier. We cannot legally discount fees after their submission on your behalf to your carrier.

If we are networked with your carrier, we have an additional contractual obligation to collect the balances as outlined by your carrier. Writing off patient responsibility balances could jeopardize our contract with your carrier.

If a portion of your fees are applied to an annual out of pocket maximum, and we do not collect that fee, your out of pocket maximum has not been correctly calculated.

Additionally, for those Medicare patients that may have any medical services that are eligible under Medicare, we are legally obliged to collect the patient responsibility coinsurance, copayment or deductible under the terms of the anti-kickback laws.

We sincerely regret if any of these regulatory provisions cause you any inconvenience, but we are bound by all provisions of insurance policy and federal law. If you have any issues or concerns with your insurance, we will be more than happy to assist in the resolution of those issues or concerns. Please feel free to contact us with any questions you may have or any assistance you may require to fully understand these provisions.

Sincerely,

Dunkirk Family Practice, PA

Effective 04/05/2017