

NOTICE OF PRIVACY PRACTICES

UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment means. It is the communication among the many health professionals who contribute to your care. It is also a legal document describing the care you received and is the means by which you or a third party payer can verify that services billed were actually provided. Your records can also be a tool in educating health professionals and a source of data for medical research. It can also be a source of information for public health officials charged with improving the health of the nation, a source of data for facility planning and marketing, a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information. We do not have to agree to any restrictions which you request.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Inspect and obtain a copy of your health record with the exception of psychotherapy notes; information compiled in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. We may charge you for copies that you request.
- Obtain an accounting of disclosures of your health information used other than for treatment, payment, or healthcare operations or pursuant to your authorization.
- 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.
- Request amendment of your record. Requests must be in writing and will be reviewed by the provider. We do not have to agree to amendments requested.

OUR RESPONSIBILITIES

This practice is required to maintain the privacy of your health information, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to requested restrictions, and to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

It is our responsibility to safeguard your information and release it for treatment, payment, or healthcare operations or under the proper completion of an authorization or if required by law.

We reserve the right to change our privacy practices and to make new provisions effective for all protected health information without your authorization, except as described in this notice. The revised notice will be effective upon posting in a prominent place on the premises. Unresolved complaints shall be subject to binding arbitration in the county and state where the covered entity's primary office is located.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions or would like additional information, you may contact the Privacy Officer at the address on the front of the Notice. If you believe your privacy rights have been violated, you can file a complaint with the Facility's Privacy Contact at the number shown on the front of the notice or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

WE WILL USE YOUR HEALTH INFORMATION FOR TREATMENT

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. In addition, we may disclose your protected health information to another physician or healthcare provider (i.e., a specialist, facility or laboratory) who, at the request of your physician becomes involved in your care.

WE WILL USE YOUR HEALTH INFORMATION FOR PAYMENT

For example: A bill for services provided 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. This may include information required by your health plan before it approves or pays for services we recommend for you such as determination of eligibility, coverage, review for medical necessity or utilization service.

WE WILL USE YOUR HEALTH INFORMATION FOR REGULAR HEALTHCARE OPERATIONS

For example: Members of the medical staff, the Risk or Quality Improvement Manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician or nurse practitioner. We may also call you by name in the waiting room when your physician is ready to see you. At times other patients may inadvertently overhear conversations between you and your healthcare professional due to the design of the facility and need for ease of access. We make every attempt to keep incidental disclosure to a minimum. Please let us know if you are uneasy in any treatment area. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. In all instances we will use the minimum amount of information necessary.

BUSINESS ASSOCIATES

We may share your protected health information with third party "Business Associates" that perform various activities for us. Examples include our software vendor, transcription service, laboratory testing facility, billing service and clearinghouse(s). Whenever an arrangement between our office and a Business Associate involves the use or disclosure of your protected health information, we will have a written contract with the Business Associate that contains terms that will protect the privacy of your protected health information.

NOTIFICATION

Others Involved in Your Health care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your healthcare provider is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: We may use and disclose your protected health information if your physician or other practitioner attempts to obtain consent from you but is unable to do so due to substantial communication barriers, and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

RESEARCH

We may disclose information to researchers when an institutional review board has reviewed and approved the research proposal, and established protocols to ensure the privacy of your health information.

FUNERAL DIRECTORS/CORONERS/ORGAN DONATION

We may disclose health information to funeral directors or coroners consistent with applicable law to carry out their duties. Protected health information may be used and disclosed for organ, eye or tissue donation purposes.

MARKETING

We may contact you to provide appointment reminders or for information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact the Privacy Officer to request that this information and/or products not be sent to you.

FUND RAISING

We may contact you as part of a fund-raising effort. You may ask to be removed from any fund raising mailing or contact list.

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 marketing surveillance information to enable product recalls, repairs, or replacement.

WORKERS' COMPENSATION

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.

PUBLIC HEALTH

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

CORRECTIONAL INSTITUTION

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

LAW ENFORCEMENT

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or 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.

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This notice describes how medical information about you may be used and disclosed and how you can get access to the information.

Please review it carefully.



Notice of Privacy Practices

DIGESTIVE DISEASE CLINIC
AND
TALLAHASSEE ENDOSCOPY CENTER
Gastroenterology
2400 Miccosukee Road
Tallahassee, FL 32308
Privacy Contact: (850) 877-2105