

## **HIPAA NOTICE OF PRIVACY PRACTICES**

We at Mercer Medicine are committed to treating you and using your protected health information responsibly. This HIPAA Notice of Privacy Practices describes the personal health information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective August 23, 2018, and applies to all protected health information, as defined by federal regulations.

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THAT INFORMATION. THIS NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES SHALL BE POSTED IN THE RECEPTION AREA AT EACH LOCATION.**

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

Each time you visit a Mercer Medicine facility, 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. We may use and disclose your health information for the purposes described below:

- To treat you and/or provide you with treatment related health care services.
- To bill and receive payment from you, an insurance company or a third party for the treatment and services you received.
- To effectively operate and manage our practice to ensure that all of our patients receive quality care.
- To contact you for appointment reminders, treatment alternatives or health-related benefits and services.
- To share your health information with a person who is involved in your medical care or payment for your care, such as a family member or close friend.
- To notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- To assist in research projects or other similar purposes. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to review records to help them identify potential patients for a research project, provided they do not remove or copy any health information.

### **There are also special situations in which we may use or disclose your health information, including:**

- When required to do so by international, federal, state or local law.
- When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, and only to individuals who may be able to help prevent said threat.
- 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. All of our business associates are obligated to protect the privacy of your health information and are not allowed to use or disclose any information other than as specified in our contract with them.
- To organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate donation and transplantation, if you are an organ donor.
- As required by military command authorities, if you are a member of the armed forces, or to the appropriate foreign military authority if you are a member of a foreign military.
- To workers' compensation or similar programs for work-related injuries or illnesses.
- For public health activities including, but not limited to, disease prevention and control; injury, disability, neglect or abuse reporting; product recalls; medication reactions or problems; and possible disease or risk exposure. Such disclosures will only be made if you agree or when required or authorized by law.

- To a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure, and necessary for government regulation of the healthcare system and compliance with civil rights laws.
- To provide legally required notices of unauthorized access to or disclosure of your health information.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process, if you are involved in a lawsuit or a dispute, and only if efforts have been made to contact you about the request or to obtain an order protecting the information requested.
- If asked by a law enforcement official if the information is (1) in response to a court order, subpoena, etc.; (2) to identify or locate a suspect, material witness or missing person; (3) about the victim of a crime even if, under very limited circumstances, we are unable to get your permission; (4) a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, location of a crime or victims, or the identity, description or location of the person committing the crime.
- To a coroner or medical examiner or funeral directors as necessary for their duties.
- To authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.
- To authorized federal officials so they may protect the President, other authorized persons or foreign heads of state or to conduct special investigations.
- To the correctional institution or law enforcement official charged with your custody, if you are an inmate, in order for them (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) to ensure the safety and security of the correctional institution in which you reside.

**Certain uses and disclosures of your health information require us to provide you an opportunity to object and opt out:**

- Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care. If you are unable to agree or object, we may disclose such information as necessary if we determine that it is in your best interest.
- We may disclose your health information to disaster relief organizations to coordinate your care, or notify family or friends of your location or condition in a disaster. We will provide you an opportunity to agree or object whenever feasible.
- We may make your health information available electronically through state, regional, or national information exchange services which help make your medical information available to other healthcare providers who may need access to it in order to provide care or treatment to you. Participation in health information exchange services also provides that we may see information about you from other participants.

**Your written authorization is required for other uses and disclosures of your health information, including:**

(1) marketing purposes; and (2) any disclosures that constitute a sale of your Protected Health Information. Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose your Protected Health Information under the authorization. But any disclosure we made in reliance on your authorization before you revoked it will not be affected by the revocation.

**YOUR HEALTH INFORMATION RIGHTS**

Although your health information is the physical property of Mercer Medicine, the information belongs to you. You have the following rights regarding your health information:

- The right to inspect and copy health information that may be used to make decisions about your care or payment for your care.
- The right to have an electronic copy of your electronic medical record (EMR) provided to you or transmitted electronically to another individual or entity.
- The right to be notified upon a breach of any of your unsecured Protected Health Information.

- The right to request your health information be amended as provided by HIPAA Regulations for as long as it is maintained by Mercer Medicine.
- The right to request a list of certain disclosures we have made of your health information for purposes other than treatment, payment and health care operations or for which you provided written authorization.
- The right to request a restriction or limitation on the health information we use or disclose for treatment, payment or health care operations.
- The right to ask that your health information in relation to a specific item or service for which you paid out-of-pocket in full, not be disclosed to a health plan for purposes of payment or health care operations.
- The right to request we communicate with you about medical matters in a certain way or at a certain location. Your request must specify how or where you wish to be contacted.
- The right to receive a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive this notice electronically.

## **OUR RESPONSIBILITIES**

Mercer Medicine is required to:

- Maintain the privacy of your Protected Health Information.
- Provide you with this notice of our legal duties and privacy practices with respect to health information we collect and maintain about you.
- Abide by the terms of this notice currently in effect.

We reserve the right to change our practices regarding this notice and to make those changes effective for all Protected Health Information we currently maintain, as well as any information we receive in the future. Should our health information practices change, we will offer a revised notice to you, upon your next office visit.

We will not use or disclose your health information without your authorization, except as described in this notice.

We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization, according to the procedures included in the authorization.

A copy of this notice will be presented to each patient on their first visit to Mercer Medicine, with an acknowledgement form to be signed and returned to the front desk staff. The signed acknowledgement form will be saved in the patient's Medical Record.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or concerns or would like additional information, you may contact Mercer Medicine at (478) 301-4111.

If you believe your privacy rights have been violated, you may file a complaint with Mercer Medicine, or with the Office for Civil Rights, U. S. Department of Health and Human Services at the address below. There will be no penalization for filing a complaint with either entity.

*Office for Civil Rights*

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, DC 20201