

HIPAA

Health Insurance Portability and Accountability Act Compliance for the office of Dr. Kimberly Udell

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

At **Dr. Udell's** we are committed to treating and protecting health information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. The federal medical records privacy regulations authorize the use and disclosure of protected health information for treatment, payment, and health care operations. This notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

***USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION** may be used on several basis as listed, for Treatment, Payment and Health Care Operations. Other **USES AND DISCLOSURES** of your information maybe used for, Appointment Reminders, Appointed Care Giver (family member who sees to your medical needs), Emergency Situations, Health Care Organization, To Avert A Serious Threat to Health or Safety and As Appointed by Law.

***UNDERSTANDING YOUR HEALTH INFORMATION & MEDICAL RECORDS.** Each time you visit Dr. Udell, a record of your visit is made. This record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
 - Means of communication with other health professionals involved in your care
 - Legal document outlining and describing the care you received
- A tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided
 - A source for medical research
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
 - A source of data for planning and/or marketing
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure it's accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR RIGHTS AS THE PATIENT under the federal privacy standards are as listed:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning you medical condition and treatment
 - The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information has been disclosed and the right to receive a printed copy of this notice

OUR RESPONSIBILITIES AT DR. UDELL'S is as listed:

- We are required to maintain the privacy of your health information
- Provide you with this 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 restriction
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies & practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next visit. We will not use or disclose our health information that we maintain. We will also discontinue to sue or disclose your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION for treatment. Your information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. We will use your information for payment. Your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated in order to pay for the service rendered to you. We will use your information for regular health operations. Your health information may be used as necessary to support the day-to-day activities and management of Dr. Udell's Business Associates. In some instances, we have contracted separate entities to provide services for us. These "associates" require your health information in order to accomplish the tasks that we ask them to provide. Communication with family. Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives or any other person that is involved in your care or that you have authorized to receive this information.

PLEASE INFORM US WHEN YOU DO NOT WISH A FAMILY MEMBER OR OTHER INDIVIDUAL TO HAVE AUTHORIZATION TO RECEIVE YOUR INFORMATION.

HEALTHCARE OVERSIGHT. Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

LAW ENFORCEMENT. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

APPOINTMENT REMINDERS. The practice may use your information to remind you about upcoming appointments. These may be sent by mail in a closed envelope, or a brief, non-specific message may be left on your answering machine. If you do not approve of these methods, or, if you prefer alternative methods, please inform our front office staff.

OTHER USES AND DISCLOSURES. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However; your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of you decision.

FOR MORE INFORMATION OR TO REPORT A PROBLEM, PLEASE CONTACT OUR OFFICE.

If you feel your rights have been violated, please contact the
Office For Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, S. W.
Room 509F, HHH Building
Washington, D.C. 20201

To file a complaint, send to
U.S. Department of Health & Human Services
HIPAA Complaint
7500 Security Blvd., C5-24-04
Baltimore, MD 21244