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### HIPAA Notice of Privacy Practices

**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.**

I respect your privacy, and work very hard to maintain the confidentiality of your treatment with me and of your medical chart. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

This information will include Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and by Washington state law related to health care access and disclosure.

The law protects the privacy of the health information I create and obtain in providing my care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to get your authorization to disclose this information for payment purposes.

### Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

#### **For treatment:**

Information obtained will be recorded in your medical record and used to help decide what care may be right for you. I may also provide information to others providing your care. This will help them stay informed about your care.

#### **For payment:**

I request payment from your health insurance plan. Health plans need information from me about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care. In Washington State, written patient permission is required to use or disclose PHI for payment purposes, including to your health insurance plan. I will ask you to sign a separate document that allows me to disclose your information for this purpose.

#### **For health care operations:**

- I use your medical records to assess quality and improve services.
- I may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- I may use and disclose your information to conduct or arrange for services, including:
  - medical quality review by your health plan;
  - accounting, legal, risk management, and insurance services;
  - audit functions, including fraud and abuse detection and compliance programs.

## Your Health Information Rights

The health and billing records I create and store are the property of my medical practice. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me and I will try to comply with any request made;
- Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information.
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. I have a form available for this type of request.
- Have me review a denial of access to your health information—except in certain circumstances;
- Ask me to change your health information. You may give me this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, I will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. I will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give me your request in writing.
- Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before I have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

## My Responsibilities

**I am required to:**

- Keep your protected health information private
- Give you this Notice
- Follow the terms of this Notice. I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it, by viewing it on my website, or by visiting my office to pick one up.

**To Ask for Help or to Register a Complaint:** If you believe your privacy rights have been violated, you may discuss your concerns with me. You may also deliver a written complaint to my Privacy Officer at my office. You may also file a complaint with the U.S. Secretary of Health and Human Services. I respect your right to file a complaint with me or with the U.S. Secretary of Health and Human Services. If you complain, I will not retaliate against you.

## Disclosures without Authorization

I may use and disclose your protected health information without your authorization as follows:

- **With Medical Researchers** if the research has been approved and has policies to protect the privacy of your health information.
- **To Comply With Workers' Compensation Laws** if you make a workers' compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law** to prevent or reduce a serious, immediate threat to the health or safety of a person or the public; to public health or legal authorities; to protect public health and safety; to prevent or control disease, injury, or disability ; to report vital statistics such as births or deaths.
- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement Purposes** such as when I receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety Oversight Activities.** For example, I may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, I may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask me to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require me to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, I may share information for national security purposes.
- **To Coroners, Medical Examiners, Funeral Directors.** I may disclose health information to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, I may disclose health information to funeral directors, as authorized by law, so that they may carry out their jobs.
- **Organ and Tissue Donations.** If you are an organ donor, I may use or disclose health information to organizations that help procure, locate and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation.
- **Incidental Disclosures.** I may use or disclose health information incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as I have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.
- **Limited Data Set Disclosures.** I may use or disclose a limited data set (health information that has certain identifying information removed) for purposes of research, public health, or health care operations. This information may only be disclosed for research, public health and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

**Effective Date:** 08/20/2011



