

Emergent Medical Associates
HIPAA Privacy Policy
Last Updated November 6, 2017

SCOPE

This policy applies to Emergent Medical Associates, and its subsidiaries, affiliates, and organizations that Premier Health owns, manages, controls, or is otherwise affiliated with in its day-to-day operations.

PURPOSE

The purpose of this policy is to establish guidelines to comply with mandates to final rule HIPAA provisions enacted under the American Recovery and Reinvestment Act; HIPAA Administrative Simplification Privacy and Security Rule, to ensure that customers, visitors, employees, and business associates are knowledgeable of the procedures in place to protect the privacy, use, and disclosure of Protected Health Information (PHI) as well as to ensure that the most current information is available to all staff members/facilities.

Definitions

PHI—Individually identifiable Protected Health Information; data in motion, data at rest, data in use, data disposed including all forms, electronic, paper and oral. The facility will abide by the requirement for "minimum necessary" PHI to accomplish the intended purpose of the use or disclosure to perform their job functions.

POLICY

The company will provide and adhere to this Notice of Privacy Practice which describes how patient medical information (PHI) may be used and disclosed and how patients can obtain access to this information. This notice describes patient rights and certain obligations the company has regarding the use and disclosure of medical information.

The company and each of its facilities is required by law to:

1. Assure that patient medical information is kept private and secure and to notify patients following a breach of unsecured PHI.
2. Give notice of the company's legal duties and privacy practices in regards to patient medical information.
3. Follow the term of the notice.

PRIVACY PRACTICES

USE AND DISCLOSURE

The company's clinic(s) is permitted to use and disclose patient medical information without obtaining authorization from patients in certain instances.

Treatment. The company's clinic(s) may use or disclose medical information to provide treatment, services, coordinate patient healthcare services, in consultation with other health care providers who are involved in a patient's care.

Payment. The company's clinic(s) may use or disclose medical information in order for the treatment and services rendered to be billed and to obtain payment from a patient's insurance company or a third party.

Health Care Operation. The company's clinic(s) may use or disclose medical information in performing business operations that allow us to improve the quality of care we provide and Business Associates who perform services on behalf of our facility and have agreed in writing to confidentiality.

Appointments and Follow-Up. The company's clinic(s) may use or disclose medical information to contact patients about reminders for upcoming medical services or follow-up that pertains to medications or treatments prescribed.

Treatment Alternatives. The company's clinic(s) may use or disclose medical information to inform patients about or recommend possible alternative treatment options that may be of interest to them.

Health-Related Benefits and Services. The company's clinic(s) may use or disclose medical information to inform patients of health-related benefits or services that may be of interest to them.

Individuals Involved in Patient Care or Payment for Your Care. The company's clinic(s) may discuss, use, or disclose medical information about patients to a family member or close personal friend who is involved in the patient care or payment of the patient care as long as the patient has not specifically objected to it and we deem it reasonable that it is in patient best interest. This applies to the use and disclosure of medical information of the deceased as well.

Required By Law. The company's clinic(s) may use or disclose medical information when required or permitted by federal, state, or local law.

Avoid Harm. The company's clinic(s) may use or disclose medical information to law enforcement agencies in order to avoid a serious threat to the health, welfare, and safety of a person or the public.

Special Purposes. The company's clinic(s) may use or disclose medical information for the purpose of specifically approved Research, Childhood Immunization Programs, Immunization Records to Schools, Organ and Tissue Donation, Military and Veteran Authorities, Workman's Compensation Programs, Elder or Child Abuse or Neglect, Domestic Violence, Public Health Risk, Government Programs, National Security, Individual Risk of Disease Exposure, Health Care Oversight, Inmate Affairs, Coroner, Medical Examiners, and Funeral Directors. Medical information may be used for fundraising purposes only when the recipient is notified beforehand and given a clear opportunity to opt out of receiving further fundraising communications.

OTHER USES OF MEDICAL INFORMATION

Other uses of medical information not covered by this notice will require a written authorization. These uses may include the request for psychotherapy notes, activities in which payment is received such as marketing, or the sale of PHI. Patients may revoke that authorization, in writing, at any time, and we will no longer use or disclose that information for the reasons covered on the authorization. We cannot take back any information that was used prior to the written revocation. The facility will provide a formal authorization form for these situations.

PATIENT RIGHTS REGARDING MEDICAL INFORMATION

Patients have certain rights regarding their medical information. If patients wish to exercise these rights, they must submit the specific request in writing. The facility will provide a formal request form for these situations. The request will be reviewed and acted upon in a timely manner.

Right to Inspect and Copy. Patients have the right to inspect and request copies of paper and electronic medical information that may be used to make decisions about their care as well as billing information, except for psychotherapy notes, information for civil or criminal proceedings, and certain information governed by the

Clinical Laboratory improvement Act. The facility may charge a fee for the cost of copying, mailing or transmitting records.

Right to Amend. If a patient feels that the medical information in the record is incorrect or incomplete, they may ask that it be amended. Patients must provide a reason that supports the request to amend. This does not apply to the deletion, erasure, removal, or otherwise destruction of any part of the medical record.

Right to Request Restrictions. Patients have the right to request a restriction on how their medical information is used or disclosed. If they self-pay for a service or procedure, the facility may not disclose information regarding the service or procedure to a health plan if a patient so requests, provided that the release is not necessary for their treatment. Patients also have to right to request a limitation on the information given to family and friends.

Right to an Accounting of Disclosures. Patients have the right to request a paper or electronic list of an "accounting of disclosures" of medical information for specific dates not longer than six (6) years and may not include dates prior April 14, 2003. The first 12-month period will be at no charge. The facility has the right to charge fees for additional months.

Right to Request Confidential Communication. Patients have the right to request and receive confidential communication concerning use and disclosure of their medical information, in a specific way (such as e-mail, phone, etc.) or location (such as home, work, cell, etc.) or to receive their electronic medical information.

Right to File a Complaint. Patients have the right to file a complaint with facility administration or directly with the Secretary of the Department of Health and Human Services regarding concerns pertaining to the use and disclosure of their medical information if they feel rights have been violated.

Right to a Paper Copy. This notice will be posted at the facility and on the facility website. Patients have the right to request a paper copy of this notice at any time.

CHANGES TO THIS NOTICE

The facility reserves the right to make revisions to this notice and to make the revised notice effective for medical information we already have as well as medical information we receive in the future. Any changes to this notice will be posted at the facility and on the facility website.

TRAINING

The company will train all members of staff and management on the responsibilities of the Notice of Privacy Practices, including awareness and understanding of the HIPAA regulations, annually and on an ongoing basis. Training will be documented and training records will be kept for a minimum of five (5) years.

References

<http://www.hhs.gov/ocr/privacy>

Attachment

Notice of Privacy
Patient Rights and Responsibilities
Written Request to Exercise Rights
Medical Record Release Request