

Effective: September 23, 2013

Updated: February 26, 2015

Gastroenterology Associates Notice of Privacy Practices

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.

This Practice's Legal Duty

This Practice is required by law to maintain the privacy of protected health information, to provide individuals with a notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of the information practices that are described in this Notice of Privacy Practices ("Notice"). This Notice will be provided to our patients no later than the date of the first service delivery, including service delivered electronically. We will post this Notice in a clear and prominent location where it will be accessible for you to read.

Background

Timely, accurate, and complete health information must be collected, maintained, and made available to members of an individual's healthcare team so that members of the team can accurately diagnose and care for that individual. No individual will be discriminated against due to race, ethnicity, sex or gender, sexual orientation, religion or age. Most consumers understand and have no objections to this use of their information. On the other hand, consumers may not be aware of the fact that their health information may also be used as:

1. A legal document describing the care rendered;
2. Verification of services for which the individual or a third-party payer is billed;
3. A tool in evaluating the adequacy and appropriateness of care;
4. A tool in educating health professionals;
5. A source of data for research;
6. A source of information for tracking disease so that public health officials can manage and improve the health of the nation; and/or
7. A source of data for facility planning and/or marketing.

Increasingly, consumers want to be informed about what information is collected and to have some control over how their protected health information is used. With this in mind, the federal government and some states have passed legislation requiring that health plans, healthcare clearinghouses, and healthcare providers furnish individuals with a notice of information privacy practices. The federal standards for privacy of individually identifiable health information (also known as the HIPAA privacy rule), require that except for certain variations or exceptions for health plans and correctional facilities, an individual has a right to a notice as to the uses and disclosures of protected health information that may be made by the covered entity, as well as the individual's rights, and the covered entity's legal duties with respect to protected health information.

Who Will Follow This Notice:

This Notice describes our practices and that of:

1. Any health care professional authorized to enter information into your chart;
2. All departments and units of this office's Practice;
3. Any member of a volunteer group we allow to help you while you are a patient;
4. All employees, staff and other personnel.
5. Any medical student, intern, resident or fellow that we allow to help you while you are in the office.
6. Any representative of an insurance carrier, managed care organization, clinical research organization, data analysis organization, or quality improvement organization that is participating in a review of your medical care.
7. All other entities, sites and locations where the health care professionals in this office practice and follow the terms of this notice.

All of these individuals, entities, sites and locations follow the terms of this Notice. In addition, these sites and locations may share medical information with each other for treatment, payment or Practice operations described in this notice.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare 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, may serve as a:

1. Basis for planning your care and treatment;
2. Means of communication among the many health professionals who contribute to your care;
3. Legal document describing the care you received;
4. Means by which you or a third-party payer can verify that services billed were actually provided;
5. Tool in educating health professionals;
6. Source of data for medical research;
7. Source of information for public health officials charged with improving the health of the nation;
8. Source of data for facility planning and/or marketing; and/or
9. Tool with which this Practice can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

1. Ensure its accuracy;
2. Better understand who, what, when, where, and why others may access your health information;
3. Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

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

1. Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522;
2. Request and keep a copy of this notice of information practices upon your request, and inspect and obtain a copy of your health record as provided for in 45 CFR 164.524;
3. Amend your health record as provided in 45 CFR 164.528;
4. Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
5. Request communications of your health information by alternative means or at alternative locations;
6. Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

The Practice's Responsibilities and Our Pledge to You

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this Practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Practice. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

This Practice is required by law to:

1. Maintain the privacy of your health information;
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
3. Abide by the terms of this notice;
4. Notify you if we are unable to agree to a requested restriction; and to
5. Accommodate reasonable requests to communicate health information by alternative means or alternative locations.

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

How We Will Use and Disclose Medical Information About You

We will use your health information for treatment

We may use medical information about you to provide you with medical treatment or services. Information obtained by members of your healthcare team will be recorded in your record and used by personnel 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 subsequent healthcare provider with copies of various reports that should assist him or her in treating you once your treatment with our Practice is completed.

Additionally, different departments of this Practice may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to individuals outside the Practice who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care. For example: Another doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition the doctor may need to tell the dietitian in the hospital if you have diabetes so that they can arrange for appropriate meals.

We will use your health information for payment

We will use and disclose medical information about you so that the treatment and services you receive from the Practice may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For example: A bill 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.

We will use your health information for regular health operations

We may use and disclose medical information about you for this Practice's operations. Members of the medical staff or members of the quality improvement team may use information in your health record to assess the care and outcomes in your care and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide. For example: We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Practice patients to decide what additional services this Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to our personnel for review and education purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Practice.

Treatment alternatives

We may use and disclose medical information to tell you about health-related benefits or alternate treatment services that may be of interest to you.

Business Associates

There are some services provided by outside companies that assist us in operating our health services for us, including but not limited to, accounting, auditing, certain laboratory tests, transcription services, billing company services and other services provided by these "business associates". The types of services for which this Practice contracts with business associates may change from time to time. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

Communications with family or individuals involved in your care or payment for your care

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We may also give information to someone who just helps pay for your care thereof, unless you object, which you have the right to do. Additionally, we may disclose medical information about you to an entity assisting in a disaster relief.

Coroners, medical examiners, and funeral directors

We may disclose health information to a funeral director consistent with applicable law to carry out their duties. We may also release medical information to a coroner or medical examiner in order to identify a deceased person or determine the cause of death.

Organ procurement organizations

To organ, tissue and other donations organization, upon or proximate to your death, if we have no indication on hand about your donation preferences (or a positive indication).

Marketing

We may contact you to provide appointment reminders or information about new treatment alternatives or other health-related benefits and services that may be of interest to you.

Research

If physicians in this Practice participate in a clinical study or other research with you, we may disclose information to researchers. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the office. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the office, if such research has been approved by an institutional review board that has reviewed the research proposal and has established protocols to ensure the privacy of your health information

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 post 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, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medications or problems with products, notifying people of recalls of products they may be using, to notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition, or notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Correctional institution

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

Law enforcement

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, court order, warrant, summons or similar process. We may also release medical information, if asked to do so by a law enforcement official, to identify or locate a suspect, fugitive, material witness, or missing person, to identify the victim of a crime (if we are unable to obtain the person's agreement), to find out about a death we believe may be the result of criminal conduct, to find out about criminal conduct at this Practice or Ambulatory Surgical Center, and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

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 patient(s), workers, or the public.

Military and veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

If you are a member of the Armed forces, we may also disclose medical information about you to the Department of Veterans Affairs upon your separation or discharge from military services. This disclosure is necessary for the Department of Veterans Affairs to determine whether you are eligible for certain benefits.

Lawsuits and disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

National security and intelligence activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services for the President and others

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Department of State

We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.

To avert a serious threat to health or safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent threat.

As required by law

We will disclose medical information about you when required to do so by federal, state or local law.

Other

All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us. For example, we need written authorization before we sell you PHI or in most instances, market a third party's services to you, if we're receiving remuneration for that marketing.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to inspect and copy

You have the right to inspect and copy medical information that may be used to make decisions about your care (you must allow us a reasonable time to delivery copies of your medical information). Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to this Practice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by this Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Practice. We are not required to grant you request.

To request an amendment, your request must be made in writing and submitted to this Practice. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for the Practice;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

Right to an accounting of disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures you must submit your request in writing to this Practice. Your request must state a time period that may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free; we may charge you for the costs of providing additional lists. We will notify you of the costs involved and you may choose to withdraw or modify your request at any time before any costs are incurred.

Right to request restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

For example: You could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request unless the restriction is to not tell your insurance company about a treatment and you or someone on your behalf has paid out of pocket for that treatment in full. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We will advise you regarding whether or not we agree to comply with your request.

To request restrictions, you must make your request in writing to this Practice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

For example: Disclosures to your spouse.

Right to request confidential communication

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For example: You can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to this Practice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Breach Notification

You will be notified in the event that we or one of our business associates has discovers a breach of unsecured PHI involving your medical information.

Right to a paper copy of this notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our Practice.

Changes to this notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Practice. The notice will contain on the first page, in the top right-hand corner, the "Effective Date". In addition, each time you register at or are admitted to this Practice for treatment or health care services, we will make available to you a copy of the current notice in effect. We will post all new notices in the waiting room of the Practice. You can request a copy of our notice at any time.

Should we revise this notice because of a material change to the uses or disclosures of protected health information, to individual's rights, to our legal duties, or to other privacy practices stated in the notice, we will promptly revise and make available the new notice. Except when required by law, a material change in any term of the notice may not be implemented prior to the Effective Date of the notice in which such material change is reflected. Pursuant to the HIPAA privacy regulations, we will document compliance with the notice requirements by retaining copies of all notices issued.

Other uses of medical information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Providing care to our workforce

This provision only applies to health care provided to our work force.

As a HIPAA covered healthcare provider that occasionally provides care to our work force for medical surveillance, work-related illness, or injury, we must provide written notice to individuals seeking such care at the time healthcare is provided or we must post this notice in a prominent place at the location where the healthcare is provided.

Federal law and regulations do not protect any information about a crime committed by a patient either at the Practice or against any person who works for the Practice, or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact the Office Manager. All complaints must be submitted in writing.

The law forbids us from taking retaliatory action against you if you complain.

If you have any questions or would like more information about this notice, please contact our Practice Administrator at:

Gastroenterology Associates
3820 S. Hualapai Way, Suite 200
Las Vegas, NV 89147
702-796-0231