



University Medicine®

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.

A federal regulation, known as the “HIPAA Privacy Rule,” requires that we provide detailed notice in writing of our privacy practices. We know that this notice is long. The HIPAA Privacy Rule requires us to address many specific things in this notice.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or may be used to identify a patient. This information is called “Protected Health Information” or “PHI.” This notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- ◆ Maintain the privacy and security of PHI about you.
- ◆ Give you this Notice of our legal duties and privacy practices with respect to PHI.
- ◆ Comply with the terms of our Notice of Privacy Practices that is currently in effect.

We are required to abide by the terms of this notice, which we may change from time to time. Any new notice will be effective for all PHI that we maintain at that time. If and when this notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised notice upon your request made to our Privacy Official.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

For uses and disclosures relating to treatment, payment, or health care operations, we do not need an authorization to use and disclose your medical and behavioral health information:

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider so that the health care provider has the information necessary to treat you.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company’s activities to determine the insurance benefits to be paid for your care.

Health Care Operations: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in health care operations such as:

- ◆ Reviewing and improving the quality, efficiency and cost of care that we provide to our patients. For example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others.
- ◆ Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, and educational classes.
- ◆ Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.
- ◆ Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
- ◆ Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- ◆ Assisting us in making plans for our practice's future operations.
- ◆ Resolving complaints within our practice.
- ◆ Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
- ◆ Business planning and development, such as cost-management analyses.
- ◆ We will share your PHI with "business associates" who require the information to perform various activities (e.g. interpreter services).
- ◆ We may use sign in sheets where you will be asked to sign your name and/or physician. We may also call you by name in the waiting room when your doctor is ready to see you.
- ◆ In addition, unless you object, we may use your health information to send you appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder to help you remember the appointment. Or, we may look at your medical information and decide that another treatment or a new service we offer may interest you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Required By Law: We may use and disclose PHI as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- ◆ To prevent or control disease, injury, or disability;
- ◆ To report disease, injury, birth, or death;
- ◆ To report child abuse or neglect;
- ◆ To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- ◆ To locate and notify persons of recalls of products they may be using;
- ◆ To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- ◆ To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities conducted by health oversight agencies.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal processes.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials. These law enforcement purposes include:

- ◆ Limited requests for identification and location purposes.
- ◆ Legal processes required by law.
- ◆ Suspicion that death has occurred as a result of criminal conduct.

- ◆ In the event that a crime occurs on the premises of the practice.
- ◆ Pertaining to victims of a crime.
- ◆ In response to a medical emergency not occurring at the office, where it is likely that a crime has occurred.

Coroners and Medical Examiners: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule.

To Avert a Serious Threat to Health or Safety: We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

Specialized Government Functions: Under certain circumstances we may disclose PHI:

- ◆ For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities.
- ◆ For national security and intelligence activities.
- ◆ To help provide protective services for the president and others.
- ◆ For the health or safety of inmates and others at correctional institutions.

Disclosures required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Decedents: In case of patient death, we may make relevant disclosures to the deceased's family and friends under essentially the same circumstances such disclosures were permitted when the patient was alive; that is, when these individuals were involved in providing care or payment for care unless the decedent had expressed a contrary preference.

Childhood Immunizations: We may disclose immunizations to schools required to obtain proof of immunization prior to admitting the student so long as the physicians have and document the patient or patient's legal representative's "informal agreement" to the disclosure

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. We are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict (2) how you want to restrict the information and (3) to whom you want

those restrictions to apply. You also have the right to request that any services performed that were paid for in full by you and not billed to your insurance company not be disclosed- this request must be made in writing. For example, for services you request no insurance claim be filed and for which you pay privately, you have the right to restrict disclosures for these services for which you paid out of pocket.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate reasonable requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include any psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. Please contact our Privacy Official if you have questions about access to your medical record. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage labor and supplies used in meeting your request.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases.

Right to Receive an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us other than disclosures made for treatment, payment, and health care operations. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred. In some limited circumstances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years. The list will not include disclosures made to you; for purposes of treatment, payment or healthcare operations, for which you signed an authorization or for other reasons for which we are not required to keep a record of disclosures. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this notice at any time. You are entitled to a paper copy of this notice and/or an electronic copy from our Web site. If you have received an electronic copy, we will provide you with a paper copy of the Notice upon request even if you have previously agreed to receive this notice electronically. To obtain a paper copy of this notice, please contact our Privacy Official.

Right to supply an alternate address:

You have the right to ask that we send you information at an alternative address or by an alternative means. We will consider your request, but are not legally bound to agree to the restriction. We will agree to your request as long as it is reasonably easy for us to do so.

Right to Notification:

In the event of an unauthorized disclosure or access to your PHI, we will contact you promptly as required by law.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us and/or the Secretary of the United States Department of Health and Human Services at the Office for Civil Rights’ Regional office. We will provide the mailing address at your request. We will take no retaliatory action against you if you make any complaints, whether to us or to the Department of Health and Human Services. We support your right to the privacy of your health information.

If you have questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer, either by phone or in writing as follows:

OFFICIAL CONTACT INFORMATION

You may contact our Privacy Official at the following address and phone number:

Ann Kashmanian, CFO

Compliance Officer

Rhode Island Hospital

593 Eddy Street, Providence, RI 02903 Tel: (401) 444-4353

(This notice was published and first became effective on April 14, 2003. Updated HIPPA OMNIBUS CHANGES EFFECTIVE September 23 2013. Revised September 2016)