

NOTICE OF PRIVACY POLICIES FOR INFECTIOUS DISEASE SPECIALISTS OF NORTH ALABAMA

Revision date 10-1-2013

*Note: If you would like
a copy of this notice
to take home with you
please ask our front
desk receptionist.*

• Right to Request Restrictions
You have the right to request that IDSONA limit how it uses and discloses your PHI, but IDSONA is not legally required to agree, except for requests to restrict disclosures to a health plan if the disclosure is for payment or healthcare operations and pertains to a health care item or service for which you have paid your health care provider out of pocket in full prior to the service. You may not limit the uses and disclosures that IDSONA is legally required or allowed to make.

• Right to Request Confidential Communications
You have the right to request that we communicate with you about medical matters by alternative means or at alternative locations.

• Right to a Paper Copy of This Notice
You have the right to a paper copy of this Notice.

Changes to the Notice

IDSONA reserves the right to change our privacy practices and to make the new provisions effective for all health information. Should IDSONA's Notice of Privacy Practices change, IDSONA will offer you a revised copy at your next visit.

Reporting Complaints and Privacy Violations

• Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorneys, provided that a workforce member or business associate believes in good faith that IDSONA has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

• Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of medical information will be made only with your written authorization. Other uses and disclosures not described in this notice will be made only with your written authorization.

If you have additional questions or would like additional information, you may contact the Privacy Officer at 256-533-4645. If you believe your privacy rights have been violated, you may file a complaint with the IDSONA Privacy Officer. There will be no retaliation for filing a complaint.

NOTE: The Patient Agreement and Acknowledgement document does not limit release of information to all third party payers, such as the Social Security Administration, Medicaid, Workers' Compensation Carriers, and governmental agencies that may be responsible in whole or in part, for payment in exchange for services rendered by IDSONA or by physicians.

• Health Oversight Activities
IDSONA 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 laws.

• Military
IDSONA may disclose Protected Health Information about active or veteran armed forces personnel or commanding officers, as allowed by law.

• Law Enforcement
IDSONA may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena and/or court order.

• Health Plan
IDSONA may disclose PHI to the sponsors of your plan for underwriting, premium rating, and other activities related to healthcare claims.

Your Rights Regarding Medical Information About You

• Right to Inspect and Copy
You have a right to view or receive copies of your PHI. You must make the request in writing. IDSONA will respond to you within 30 days after receiving your written request. You will be charged a reasonable fee. IDSONA may provide you with a summary or explanation of the PHI as long as you agree. In certain situations, IDSONA may deny your request to access your medical record. You may have the denial reviewed.

• Right to Amend
If you believe there is a mistake in your medical record or important information is missing, you may request us to amend the information. You must provide the request in writing and IDSONA will respond in 30 days of receiving your request. IDSONA may deny your request. Our written denial will state the reason and explain your right to file a written statement of disagreement.

• Right to an Accounting of Disclosures
You have the right to receive a list of occurrences in which IDSONA has disclosed your PHI. The list will not include uses or disclosures that you have authorized or those made for treatment, payment, or healthcare operations. Also, the list will not include uses and disclosures for emergencies, for national security purposes, or before 9/23/2013. The first list you request within a 12-month period will be free. For additional lists, during any 12-month period, there will be a fee.

Infectious Disease Specialists

of North Alabama

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 Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used.

At Infectious Disease Specialist of North Alabama (IDSONA), we are committed to treating and using protected health information (PHI) about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 9/23/2013, and applies to all protected health information as defined by federal regulations. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the Notice that is currently in effect;
- Notify you if IDC is unable to agree to a request; and
- Notify you of certain breaches of your information

Infectious Disease Specialist of North Alabama Has a Legal Duty to Safeguard Your Protected Health Information (PHI).

Protected Health Information (PHI) includes information, such as name, address, etc. that can be used to identify you. It is information about your past, present or future health condition or payment for healthcare. IDSONA offers you this Notice about our privacy practices that explains how, when, and why IDSONA uses and discloses your PHI. With some exceptions, IDSONA will not use or disclose any more of your PHI than is necessary to accomplish the intended purpose. IDSONA is legally required to follow the privacy practices that are described in this Notice.

Understanding Your Health Record Information

Each time you visit IDSONA, we make a record of your visit. 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 information or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research and/or studies;
- A source of information for public health officials charged with improving and monitoring the health of the nation;
- A source of data for our facility planning and marketing; and
- A tool to help IDSONA assess and continually work to improve the quality of the care we render and the outcomes we achieve.

How IDSONA May Use and Disclose Medical Information About You

• For Treatment

IDSONA may disclose your PHI to physicians, nurses, medical students, and other healthcare personnel who provide you with healthcare services or are involved in your care. For example, we may disclose medical information about you to people outside our office who may be involved in your care after you leave the office, including third party physicians, hospitals, nursing homes, pharmacies, rehabilitation facilities, and clinical labs with whom the office consults or takes referrals.

• For Payment

We may use and disclose medical information about you so 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. The information that may be sent could include information relating to psychiatric illness, alcohol or drug abuse, HIV testing, AIDS, or infectious diseases.

• For Healthcare Operations

IDSONA may use or disclose your PHI for healthcare operations. For example, IDSONA may use your PHI to evaluate the quality of healthcare services, for process improvement activities, staff performance or to evaluate health plan performance. IDSONA may also provide your PHI to accountants, attorneys, consultants, health improvement agencies, and others in order to make sure that IDSONA complies with all laws.

• Business Associates

There are some services provided at IDSONA through business associates that may not be covered entities. For example, IDSONA may contract with billing services, accounting firms, and software vendors to assist in certain functions. IDSONA will generally have a formal agreement requiring that patient information be maintained in a manner consistent with IDSONA policies and procedures.

• Notification

IDSONA may use and disclose medical information to contact you as a reminder that you have an appointment or to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

• Communication with Family

IDSONA staff, using their best judgment, may disclose health information relevant to your care or payment to a family member, other relatives, a close personal friend or any other person you identify.

• Food & Drug Administration (FDA)

IDSONA may disclose to the FDA health information related to adverse events with respect to food supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.

• Workers' Compensation

IDSONA 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, IDSONA may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, IDSONA is required to report abuse/neglect of the elderly and children to all relevant entities.

• To Avert a Serious Threat to Health or Safety

IDSONA 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 prevent the threat.

• Correctional Institution

Should you be an inmate of a correctional institution, IDSONA may disclose to the institution or agents any health information necessary for your health and/or the health and safety of other individuals.