

NOTICE OF PRIVACY PRACTICES

The **Health Insurance Portability & Accountability Act of 1996 (AHIPAA®)** and as amended by the **HIPAA omnibus rule** 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, are kept properly confidential. We are required by law to provide you this notice, ask you to acknowledge you received it, and notify you if you are affected by a breach of your information. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Requirement for Written Authorization. We will generally obtain your written authorization before using your health information or sharing it with others outside our group practice. There are some **exemptions** when we do not need your written authorization before using your health information or sharing it with others. In general they are:

- ! **We are allowed** to use and disclose your health information without your consent to treat your condition. We may share your health information with doctors, nurses, and others who are involved in your care. We may share your health information with other doctors or hospitals to determine how to diagnose and treat you.
- ! **We are allowed** to use and disclose your health information so that we may obtain payment for your health care services. We may also share information to determine whether your insurance will cover planned treatment or to obtain necessary prior approval. In addition, we may disclose your health information to your health insurance for post payment reviews. If discussed, and agreed to in advance of treatment, we will restrict disclosure to your health plan, for services in which you have paid for in full out of pocket.
- ! **We are allowed** to use your health information or share it with others in order to conduct our normal business operations. We may access your information to evaluate our performance or educate the staff on improvements. We may share information with another company that performs business services for us, such as billing and transcription services. If so, we will have a written contract to ensure that this company protects the privacy of your health information.
- ! **We are allowed** to distribute health information by removing all references to who you are. If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may disclose your health information to authorized public health officials so they may carry out their public health activities. We may release some health information about you to your employer, if your employer has hired us to provide you with an employment exam. We may disclose your health information to comply with court orders, subpoenas, or laws that we are required to follow. We may disclose information to workers= compensation or similar programs that provide benefits for work-related injuries. In the unfortunate event of your death, we may disclose information to a coroner, funeral director, or organ donation facility.
- ! **We are allowed** to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made **only with your written authorization**. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to your physician's office or the Privacy Officer:

- ! The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction.
- ! The right to make reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- ! The right to inspect and obtain a copy of your protected health information for as long as we maintain this information in our records. To inspect records or obtain a copy, please submit your request in writing to your physician or Gary Hagener, Privacy Officer. We contract with a professional copying service that is onsite once a week. They will charge a fee for the costs of scanning our paper records and mailing or electronically distributing your records. We will ordinarily respond to your request within 30 days. Under limited circumstances we may deny your request, for all or part of your records, and provide a written explanation of the reason.
- ! The right to request that we amend your protected health information. Your request should include the reasons why you believe we should make the amendment. If we deny all or part of your request, we will provide a written notice that explains our reasons for doing so, and keep a copy in your records.
- ! The right to receive an accounting of disclosures of protected health information.
- ! The right to obtain a paper copy of this notice from us upon request.

This notice is effective September 13, 2013 and we are required to abide with the terms. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request, a written copy of a revised Notice of Privacy Practices from this office, or download it from our website, www.medical-arts.com.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice, or the policies and procedures of our office. We will not retaliate against you for filing a complaint. For more information about HIPAA or to file a complaint:

Medical Arts Associates, Ltd.
600 John Deere Road, Suite 200
Moline, Illinois 61265
Attn: Gary Hagener, Compliance Officer
(309)779-4200

U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-67



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Physician Care to the Quad Cities in Seven Decades