

FAMILY HEALTH & WELLNESS CENTER, P.C. NOTICE OF PRIVACY POLICIES

Effective Date: September 1, 2016

This notice describes how medical information about you may be used and how you can get access to this information. Please review it carefully. If you have any questions about this Notice, please contact our Privacy Officer (contact information can be found on page 6).

The law requires us to keep your medical records confidential and to provide you with this Notice of Privacy Policies describing how we may use and disclose your private health information (PHI), including your medical history, systems, examination and test results, diagnoses and treatment plans, to carry out treatment, payment and health care operations and for other purposes that are allowed or required by law. It also describes your right to review and control the use and disclosure of your PHI.

We are required to follow the privacy policies described in this Notice. We may change our privacy policies at any time. The revised privacy policies will be set forth in a revised Notice and will be effective for all health information that we maintain at that time. Upon your request, we will provide you with a copy of the most recent Notice. The front desk receptionist will always have a current copy of our Notice of Privacy Practices available.

1. Your Rights

i *When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.*

View and get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You will have to submit the request for your medical record in writing by completing our Medical Record Release form. Our front desk receptionists will be happy to assist you with your request.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may deny your request, but we'll tell you in writing within 60 days. If we deny your request for amendment, you have the right to file a statement of disagreement that will become part of your health information. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we make and the response will become part of your health information.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will accommodate all reasonable requests.
- We may condition this accommodation by having you sign an authorization, asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Your request must be in writing, addressed to our Privacy Officer, and state the accommodations you are requesting.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - Your request must be in writing, addressed to our Privacy Officer and state the specific restrictions requested and to whom you want the restriction to apply.
 - We are not required to agree to your request, and we may deny it if your provider believes your request would adversely affect your care, or if law requires us to do so. If your provider does agree with the requested restriction, we may not use or disclose your health information in violation of that restriction, unless there is an emergency.
 - We may terminate our agreement to restrict uses and disclosures of your health information by providing you with written notice. Termination shall only be effective with respect to health information created or received after we have given you notice of termination of the restriction.
- If you pay for a service of health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will approve your request, unless law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice of Privacy Policies

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by submitting a written complaint to our Privacy Officer. Contact information for our Privacy Officer can be found on page 1 of this Notice.
- You may also file a complaint with the Nebraska DHHS HIPAA Privacy Officer or with the Office of Civil Rights Regional Office.
 - Nebraska DHHS HIPAA Privacy Officer
P.O. Box 95026
301 Centennial Mall South
Lincoln, NE 68509
DHHS.HIPAAOffice@nebraska.gov
 - Region VII
Office of Civil Rights
US Department of Health & Human Services
601 East 12th St. – Room 248
Kansas City, MO 64106
- We respect your privacy and support any efforts to protect the privacy of your health information. We will not retaliate against you for filing a complaint.

2. Your Choices

i For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

In these cases, we **never** share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

3. Our Uses and Disclosures

i We typically use or share your health information in the following ways.

Treatment

- We can use and disclose, as needed, your health information to individuals within our office in order to provide, coordinate, and manage your medical care and any related services. This includes the use or disclosure of your health information to aid in the coordination or management of your medical care with a third party.
 - For example, your health information may be shared with other health care providers to whom you have been referred to ensure that the necessary information to diagnose or treat you is available to them.

Health Care Operations

- We can use or disclose, as needed, your health information to operate our business. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and medical students, licensing, and conducting or arranging for other business activities. We may use or disclose your health information, as necessary, to contact you to remind you of your appointment.

Payment

- We can use or disclose, as needed, your health information to allow us to obtain payment for health care services provided to you. This may include disclosure to your health insurance plan or carrier as they undertake certain activities before approving or paying for medical services. Such activities include making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities.

Incidental Uses and Disclosures

- There may be incidental uses or disclosures of your health information as a result of otherwise allowed uses and disclosures. Such uses and disclosures may occur because they cannot reasonably be prevented.
 - For example, when your name is called in the waiting room, we cannot reasonably prevent others from overhearing your name.
- We may share your protected health information with third party business associates that perform various activities for the practice, such as billing, payment processing, transcription services, etc.
 - Whenever an arrangement between our office and another organization involves the use or disclosure of your health information, we will have a written contract in place that contains terms that will protect the privacy of your health information.
- We may also use and disclose your health information for various marketing activities.
 - For example, your name and address may be used to send a newsletter about our practice and the services that we offer. We may also send you information about products or services that we believe may be beneficial to you

4. Uses and Disclosures Allowed or Required by Law



How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We may share your health information to researchers when their research has been approved by a privacy board or an institutional review board.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Your health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- We may disclose your health information to a person or company as required by the Food and Drug Administration (FDA) for purposes relating to the quality, safety or effectiveness of FDA regulated products or activities.
- We may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court of administrative proceeding, in response to an order of a court of administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions, in response to a subpoena, discovery request or other lawful process.

- We may disclose your health information, so long as applicable legal requirements are met, to law enforcement officials, for law enforcement purpose.
- Consistent with applicable federal and state laws, we may disclose your health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- If you are an inmate or in legal custody, we may disclose to the correctional institution or law enforcement official having custody of you, certain health information if necessary for health and safety purposes.

Aid military activity and national security

- When the appropriate conditions apply, we may use or disclose your health information of individuals who are Armed Forces personnel
 - for activities deemed necessary by appropriate military command authorities;
 - for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits;
 - to foreign military authority if you are a member of that foreign military may disclose your health information to authorized federal officials for conducting national security and intelligence activities, including providing protective services to the President of the United States and others.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation

- For example, your name and address may be used to send a newsletter about our practice and the services that we offer. We may also send you information about products or services that we believe may be beneficial to you

Services obtained at the request of your employer

- We may disclose to your employer health information obtained in providing medical services to you at the request of your employer for purposes of conducting an evaluation relating to medical surveillance of the workplace or determining whether you have a work-related illness or injury when such medical services are needed by the employer to comply with certain legal requirements.

5. Electronic Downloads of PHI

i *We provide our patients the capability to download and save their protected health information.*

Downloading health information via Blue Button protocol

- We provide patients with access to their health information via the Blue Button protocol when patients register for the patient portal. This method allows patients to download and save their personal health information to a file. It is safe, secure, reliable, and easy to use. Contact us to find out more information about registering for the patient portal and downloading your health information.

6. Our Responsibilities

i *The following are our responsibilities regarding your health information.*

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will never market and/or sell personal information.

7. Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

8. Privacy Officer

Vedrana Dziko
Director of Operations
6825 S. 27th Street, Suite 201
Lincoln, NE 68512
(402) 434-5235
vdziko@fhwcLNK.com

9. This Notice of Privacy Policies applies to the following organizations

Family Health & Wellness Center, P.C.