

Lakeside Primary Care

David C. Harrison, MD

Notice of Privacy Practices

This notice describes how medical information about you may be disclosed 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, Rhonda Winn.

Purpose:

We understand that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the care you receive at Lakeside Primary Care in order to provide you with quality care and to comply with certain legal requirements.

This notice of Privacy Practices describes how we may use and disclose medical information about you, including demographic information that may identify you and your related healthcare services to carry out your treatment, obtain payment for our services, to perform the daily health care operations of this practice and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your medical information.

We are required to abide by the terms of this Notice of Privacy Practices.

Written Acknowledgement:

You will be asked to sign a written statement acknowledging that you have received or reviewed this posted notice. The acknowledgement only serves to create a record that you have reviewed a copy of the notice.

Changes to this Notice:

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

How we may use and disclose medical information about you:

The following categories describe the different ways that Lakeside Primary Care may use and disclose your medical information and a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made by our office. Other uses and disclosures of your medical information that are not listed or described below will be made only with your written authorization. You may revoke this authorization at any time in writing, but it will not apply to any actions we have already taken.

For your treatment:

Your medical information may be used and disclosed by us for the purpose of providing medical treatment to you or for another healthcare provider providing medical treatment to you. For example, a patient visits his/her primary care physician complaining of abdominal pains. The primary care physician refers the patient to a surgeon for consultation. The consulting physician requests the patient's medical file from the primary care physician so that he has all the relevant facts for his diagnosis.

To obtain payment for our services:

Your medical information may be used and disclosed by us to obtain payment for your health care bills or to assist another healthcare provider in obtaining payment for their health care bills. For example, we may need to give a payer information about your current medical condition so that it will pay us for the examinations or other services that we have furnished you. We may also need to inform your payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered.

For our healthcare operations:

Your medical information may be used and disclosed by us to support our daily operations. For example, we sometimes arrange for auditors or other consultants to review our practices, evaluate our operations, and tell us how to improve our services. Or, for example, we may use and disclose your health information to review the quality of services provided to you.

For the health care operations of other health care providers:

We may also use your medical information to assist another health care provider treating you with its quality improvement activities, evaluation of the health care professionals or for fraud and abuse detection or compliance.

We may disclose protected health information about you in connection with certain public health reporting activities. For example, we may disclose such information to a public health authority authorized to collect or receive Protected Health Information for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, The Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.

We are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally, we may disclose protected health information to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations; to track products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance. We may also disclose a patient's health information to a person who may have been exposed to a communicable disease or to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether an individual has a work related illness or injury.

For Health Oversight:

We may disclose your medical information to a health oversight agency for activities authorized by law. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs (such as Medicare or Medicaid), other government regulatory programs and civil rights laws.

Legal Proceedings:

We may disclose your medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal and in certain sure, it is complying with all rules related to operating a medical practice.

Treatment Alternatives:

We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

To Our Business Associates:

We will share your medical information with third party “business associates” that perform various activities (e.g., billing, computer companies or consulting firms) for the practice. Whenever an arrangement between our office and a business associate involves the use of disclosure of your medical information, our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

Others Involved in Your Health Care:

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your medical information to notify a family member or any other person that is responsible for your care of your location and general health condition. Finally, we may use or disclose your medical information to an authorized public or private entity to assist in (1) disaster relief efforts and (2) to coordinate uses and disclosures to family or other individuals involved in your health care.

Public Policy Uses and Disclosures:

There are a number of public policy reasons, why we may disclose information about you, which are described below.

We may disclose health information about you when we are required to do so by federal, state or local law in response to a subpoena or other lawful request, if efforts have been made to notify you or secure a protective order.

To coroners, to funeral directors and for organ donation:

We may release a patient's health information (1) to a coroner or medical examiner to identify a deceased person or determine the cause of death and (2) to funeral directors. We also may release your health information to organ procurement organizations, transplant centers, and eye or tissue banks, if you are an organ donor.

For military activity and national security:

We may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

Regarding inmates:

We may release a patient's health information about you to a correctional institution where you are incarcerated or to law enforcement officials in certain situations such as where the information is necessary for your treatment, health or safety, or the health or safety of others.

Your Rights:

You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting in your care or payment for your care. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communications containing your protected health information from us by alternate means or at alternate locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, or health care operations, disclosures to, disclosures you give us authorizations to make and uses and disclosures before April 14, 2003. If you ask for this information from us more than once every twelve months, we may charge you a fee.

Complaints:

You may complain to us if you believe we have violated your privacy rights. To file complaints, please contact our privacy officer or contact the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized by us for filing a complaint.

To obtain more information concerning this notice, you may contact our privacy officer, Rhonda Winn.