

## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you may have 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 University Internal Medicine, Inc., in any form, whether electronically, on paper, or orally, be kept confidential. This Act give you, the patient, significant rights to understand and control how your health information is used. “HIPAA” provides penalties for individuals or companies that misuse personal health information.

As required by “HIPAA”, University Internal Medicine, Inc. has prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may disclose Protected Health Information (PHI) to doctors, nurses, technicians, or other personnel outside of this office who are involved in your medical care.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may share PHI with your health insurance to receive payment for health care service we provide to you. We may also share PHI with billing companies and companies that process our health care claims.
- Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and patient quality of care.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment or other health related benefits and services that may be of interest to you.

Any other uses and disclosure 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 PHI, which you may exercise by resending a written request to the Office Manager:

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relative, close personal friends, or any other person identified by you. We are, however, not required to agree to a request restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI information from us by alternative means or alternative locations.

- The right to inspect and copy your PHI. This must be requested in writing and we will respond to this request within 30 days. If you request a copy of your PHI, a fee will be charged for which you will be notified in advance.
- The right to amend you PHI. If you feel that there is a mistake in your PHI, or that important information is missing, you may request a correction. Your request must be in writing and include a reason for the request. We will respond within 60 days of your request. We may deny your request if the PHI is 1) correct and complete, 2) not created by this office, 3) not allowed to be share with you, or 4) not in our record. If we deny your request, we will inform you of a reason for the denial. You may then file a written statement of disagreement, or you may ask that your original request and our denial be attached to all future reports of your PHI.
- The right to a paper copy of this notice from University Internal Medicine, Inc.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

This notice is effective, April 14, 2003, and we are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisioned effective for all PHI that we maintain. We will post, and you may request, a copy of a revised Notice of Privacy Practices from this office.

Modification – Effective September 23, 2013

To comply with “HIPAA” Mega-Rule (Federal Registry, Department of Health and Human Services, 45 CFR Parts 160 and 164) from January 25, 2013, we are adding the following criteria to our Notice of Privacy Practice:

- Release authorizations. Certain disclosures and uses of protected information require the patient’s authorization as listed on our Authorization for Release of Medical Records” form.
  - University Internal Medicine, Inc. does not use PHI for any marketing purposes.
  - University Internal Medicine, Inc. does not sell any PHI
- Fundraising. University Internal Medicine, Inc. does not do any type of fundraising that would use PHI
- Restricting information release. A patient who pays for a service in full and out of pocket can request that the office not disclose any information about that service to an insurance company. The patient has to put the request in writing, and the request has to spell out what information the patient wants to restrict and what insurance company is not to receive it.
- Breach notification. The office will notify patients in writing if a breach in their protected information were to occur.

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 U.S. Department of Health & Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, DC 20201, about violations of the provisions for this notice or the policies and procedures of our office. Your complaint will not alter or affect the quality of care that we provide to you