



## **NOTICE OF HEALTH INFORMATION PATIENT PRIVACY PRACTICES**

Symptom Medicine (SM) clinic values your privacy and security, and takes reasonable steps to protect your Protected Health Information (PHI). Understanding what your medical record and personal information are and how they are used, disclosed and protected are all important to ensure accuracy and privacy. As defined by the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Symptom Medicine (SXM) is required by law to inform you about your rights regarding your health information and how SXM may use or disclose your health information, and how your health information is protected.

### **Use and Disclosure of your Health Information**

Understanding your health information. Each time you visit your physician, other health care provider or hospital, a record of your visit and care is made. Your medical record serves as a record for the basis of planning and delivering your care and treatment, communication among health care professionals who contribute to your care, a legal documentation of the care you receive, a mean by which you or your health insurance company can verify services rendered and billed, a tool to assess and work to improve your care, a means to educate health professionals and staff, a data source for authorized medical research and a instrument to monitor public health activities.

SXM collects health information about you and stores it in a chart, on a computer and on an off site server. This is your medical record. Your PHI cannot be accessed or exchanged via the internet or website. The medical record is the property of this medical practice, but the information in the medical record belongs to you. HIPPA regulations permits Symptom Medicine to use or disclose your health information for the purposes of providing you treatment, collecting payment for services, conduction health care business and operations, or when otherwise as permitted or required by law. SXM will not use or disclose your health information without your authorization. You have the right to revoke such authorization at any time, which would limit future disclosures. A revocation would not affect any disclosure we have already made with your permission.

Access to health information. You have the rights related to your medical and billing records kept by SXM. You may request a copy of your health information by providing a written request and authorization.

Health information rights. You have a right to receive a copy of this notice by mail, electronically or at your first clinic visit. Thereafter, a copy of this notice or any revisions will be available in our clinic or on the website [www.symptommedicine.com](http://www.symptommedicine.com). A copy may also be requested in writing and mailed to you.

Appointments and contact. Unless you tell us in writing that you do not wish to be contacted, SXM may use and disclose medical information to contact and remind you of appointments, account balances, community activities, clinic information, and reminders. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. Also, we may also contact you via mail or email. Also when you contact the clinic you will be asked for identifying and health information (e.g. name, address, insurance, phone numbers, and medical condition). For example to make an

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appointment, request a prescription, make a payment, request to speak to a health professional, inquire about clinic request to speak to a health professional, inquire about clinic procedure and policy, request your medical information, at a minimum to properly identify you, personal and health information will be collected. This includes but is not limited to your full name, insurance and contact information (email, address, phone numbers, and name). Another example, SXM will mail, phone or email information regarding appointments, clinic activities, account balances, insurance, community activities, necessary paperwork, and business operations.

Waiting Rooms. The physician or SXM staff member will call out your name when it is time to be seen.

Notification and communication with family. SXM may disclose your health information to notify or assist in notifying a family member, patient representative or another person responsible for our care about your location, your general condition or in the event of your death. We may also disclose information to someone who is involved in your care or helps pay for your care. In the event of a disaster or emergency situations, we may disclose your information to the appropriate authorities or relief organizations so that they may coordinate these notification efforts. If you are able and available to agree or object, you will have the opportunity to object prior to making these disclosures. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Treatment. Your medical information is used to provide you with the appropriate care. PHI will be used to coordinate your care with other providers who are involved with your care. For instance we will share information with your pharmacist, laboratories, hospitals, clinics, radiological facilities, referring physician and primary care physician in order to coordinate and provide the appropriate

Health Care Operations. SXM may use and disclose your PHI to operate this medical practice. We may use your health information to support necessary business, financial and clinical functions. For example, we may use information in your chart to assess your care you have received, improve the quality of care, facilitate and improve patient services, and determine the need for new services. We may use information in your chart to evaluate the competence and qualifications of our staff, reduce health care costs, and to train students and staff. More examples of health care business functions on operations may include: auditing our clinical procedures, analyzing our care costs, billing services, business planning and operations, and administrative services. Symptom Medicine contracts services with business associates for dictations, billing, third party claims processing, and transcription of medical records. we may disclose your health information to obtain authorization for service or for contacting health care providers for referrals. The information released will be related to perform the job asked. We may share your information with other health care providers, health care clearinghouse of health plans that have a relationship with you. In addition, we may also need to disclose or use medical information for medical reviews, legal services, audits, certification, accreditation and licensing activities.

Payment and insurance authorization. SXM will disclose personal and medical information about you to obtain payment for services we provide. For example third party payers (e.g. health insurance, worker's compensation carriers, governmental agencies) require medical information before it will pay us or provide authorization for services. We may also release your health information to other providers to assist them in obtaining payment for services they provide for you.

Worker's Compensation. SXM may and is sometimes require by worker's compensation law to disclose your health information to individuals involved in your care and claim, this includes, but is not limited to your case

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worker, billing agency, insurance carrier, case manager, and referring physicians. For example, to the extent your care is covered by worker's compensation, we will make consultations and periodic reports to your employer about your condition, procedures, treatment, and laboratory and radiographic findings. We are required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

Public health. In order to prevent serious threats to your health or safety, or to protect the health and safety of the public or another person, SXM may be required by law to release your PHI to the appropriate public health authorities, for example to report a disease or infection exposure

Judicial. SXM will disclose your health information to federal, state or local agencies when the law requires us to report abuse, neglect or domestic abuse, to adhere to a judicial or administrative proceeding, or to respond to law enforcement officials. We may also be required to release PHI under a valid subpoena, court or administrative order, or other lawful process, and if you have not objected, or if a court or administrative order has resolved your objections.

Law enforcement. SXM may and is sometimes required by law to disclose your health and personal information to a law enforcement official for purposes such as identifying a location of a suspect, fugitive, material witness, missing person, or complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Special governmental authorities. SXM may and is sometimes require by law to disclose your health information for military or national security purposes, to correctional institutions or law enforcement officers that have you in their lawful custody or necessary for the health and safety of you and other individuals.

Health oversight agencies. SXM may and is sometimes require by law to disclose your health information to investigators during the course of audits, investigations, inspections, licensing and other proceedings. This release is subject to the limitations imposed by federal and California law.

Food and Drug Administration (FDA). SXM may and is sometimes require by law to disclose your health information when an event or reaction occurs that may be related to food, medications, drugs, nutritional supplement, medical devise or any health care product, or for post marketing surveillence.

Medical devices. SXM may and is sometimes require by law to disclose your health information when an event or reaction occurs that may be related to a medical devise or any health care product, or for post marketing surveillence. If an implantable device is implanted or is used for life support or functions, we may need to disclose your PHI as required by law for tracking purposes or in case an event, such as hospitalization or malfunction. For example, if you have an Interthecal (IT) pump implanted into your spinal canal and you have a hospitalization, your PHI information may need to be released to the treating physician or facility to manage the devise and treat you accordingly.

Coroners. SXM may and is often required by law to disclose your health information to coroners in connection with their investigation of deaths

Organ Donation. SXM may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transportation of organs and tissues, consistent with applicable laws.

Research. SXM may use your PHI for research. We may contact you to request your participation in an authorized research studies. The project will undergo IRB approval. Before any of your PHI is used for research

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purposes, we will need your consent and authorization. You may also need to authorize the use of your PHI and agree to suspend any of your privacy rights to participate in the study; however you may revoke this authorization at any time.

Marketing. SXM may contact you to give you information about products and services related to your treatment, case management, care coordination, to direct or recommend other treatments or health related benefits and services that may be of interest to you, or to provide you with small gifts. We may also inform you about commercial products or services when we think may be of interest to you. At any time you may decline these services without reprisal. We will not disclose your health information without your written authorization to any marketing company.

Fund raising activities. SXM may use your information, such as name, address, email, demographics or dates of treatment to notify you about fund raising activities and opportunities to support Symptom Medicine.

Health information rights. You have a right to receive a copy of this notice by mail, electronically or at your first clinic visit. Thereafter, a copy of this notice or any revisions will be available on our website [www.symptommedicine.com](http://www.symptommedicine.com) or in the clinic.

Rights to amend health information. If you believe your medical record has an error, inaccurate entry, omission, or is incomplete, you may request to amend your medical information. Your request must be made in writing and include the reason for the amendment. Your request may be denied if your request is not in writing, SXM did not create the record, SXM is not in possession of the medical record, the information is not part of your PHI, or if in the opinion of SXM the records containing your health information are accurate and complete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with this denial. You have the right to request that we add to your record a statement up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

Right to inspect and copy health information. On written request, you may inspect and receive a copy of your medical records. You must describe in writing a description of your request and detailing what information you want to access. We charge a reasonable fee for copies, as allowed by California law.

Right to request confidential communications. You have the right to request that you receive your health information in a specific way or at specific location. For example you may request all your calls be delivered to your cell phone or your medical records delivered to you work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

Right to request privacy protections. On written request, you may request restrictions regarding certain uses and disclosures of your medical information. You must submit in writing what information and what restrictions you wish to have imposed. We reserve the right to accept or reject your request and will notify you of the decision.

Right to accounting of disclosures. You have a right to receive an accounting of disclosures of your PHI made by this medical practice for certain reasons. You may request a list of disclosures of your health information that we have for reasons other than treatment, payment, notification and communication with family, specialized government functions, health oversight agencies for purposes of research, public health, health care operations, disclosures otherwise permitted or authorized by law. Disclosure made with your authorization

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or information released without patient identifiers will not be included. We can provide on statement per year free of charge; thereafter you may be charged for any subsequent lists in the same year. All requests must be submitted in writing

Change of Ownership. In the event that SXM is sold or merged with another organization, your PHI will become the property of the new owner. You will maintain the right to request copies of your health information.

Complaints. Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to the office manager. You will not be penalized for filing a complaint. If you are not satisfied with the manner in which this office handles the complaint, you may submit a formal complaint to Department of Health and Human Services, Office of Civil Rights, Hubert H Humphrey Bldg. 200 Independence Ave., S.W., Washington, DC 2020. Direct your complaints to Symptom Management, 824 Bay Ave., Suite 70, Aptos, CA 95010, or call 888.796.6331.

Changes in Notice of Privacy Practices. Symptom Medicine reserves the right to change or modify our policies and procedures at any time without notice. When there is a significant change in how your health information is used, disclosed, we will update this notice. The most current notice will be available in writing on request and posted on the clinic website.

Effective date. This notice is effective May 01, 2010. If you have any questions regarding this notice please contact our office manager, at Symptom Management, 824 Bay Ave., Suite 70, Aptos, CA 95010, or call 888.796.6331.