

## Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully!

With your consent, the practice is permitted by federal laws to make use and disclose your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### **Example of uses of your health information for treatment:**

A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

### **Example of use of your health information for payment purposes:**

We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.

### **Example of use of your information for health care operations:**

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associate as necessary to obtain these services.

### **Your Health Information Rights**

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted
- Request a restriction on disclosures of medical information to a health plan for purpose of carrying out payment or health care operations: and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full-we must comply with this request
- Request that you be allowed to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to our office
- Appeal a denial of access to your protected health information except in certain circumstances
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office

- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office and
- Elect to opt out of receiving further fundraising communications for the office
- Revoke authorization that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office

If you want to exercise any of the above rights, please contact Samantha at 405-364-2200, in person or in writing, during normal business hours. She will provide you with assistance on the steps to take to exercise your rights.

### **Our Responsibilities**

The practice is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice of our duties and privacy as to the information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we cannot accommodate a requested restriction or request and
- Accommodate your reasonable requests regarding methods to communicate health information with you

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

### **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Samantha at 405-364-2200.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to 334 12<sup>th</sup> Ave SE Suite 120 Norman, Oklahoma 73071.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.