

# HIPAA Notice of Privacy Rights and Practices

## Prairie Shoulder Elbow & Hand Center, PC

**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.***

Each time you receive care at PSEH, a record is made of your visit. Your medical record may include demographic information, your symptoms, what was found during the exam, test results, diagnoses, treatment given, and a plan for the future care or treatment. Your financial record may include facts about your bill and insurance. Together this is called your **Protected Health Information (PHI)**.

This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. In general, when we release your PHI, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your PHI that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to PHI. We have the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If and when this notice is changes, we will post the information on our website, [www.prairie-ortho.com](http://www.prairie-ortho.com), and provide you with a copy of the revised notice upon your request.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**Without your written authorization**, we can use and disclose your PHI for the purpose of providing health care services to you, to pay your health care bills, to the support the operation of the practice, and any other use required by law.

**Treatment:** For example, information obtained by a nurse, doctor, physician assistant, or other member of your healthcare team will be written in your medical record and used to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI to another provider or facility that provides care to you to assist in your treatment, even if you are no longer receiving care at PSEH

**Payment:** Your PHI will be used to obtain payment for your health care services. We will send a bill to you and/or your insurance company. The information may include your name, diagnosis, procedures, and supplies used. In addition, obtaining approval for a surgery to ensure payment may require that your relevant PHI be disclosed to the health plan. We will also provide needed information to other healthcare providers for their billing purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for their billing purposes.

**Healthcare Operations:** We may use or disclose your protected health information in order to support the business activities of PSEH. The activities include, but are not limited to quality assessment activities, employee review activities, training of medical students and residents, licensing, and conducting or arranging for other business activities. PSEH staff members may use information in your medical record to assess the results of care. This information is used to improve the services we provide. PSEH may share your protected

health information with other healthcare providers for their operations, if they have or had a relationship with you. In addition, we may want to use your health information for appointment reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send a reminder letter or phone call to help you remember your appointment. Furthermore, we may want to use information found in your medical record, such as your name, address, phone number and treatment dates, to contact you for communication and/or treatment purposes.

**As required or permitted by law:** Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence, or to respond to a court order.

**Public health activities:** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain disease, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.

**Health oversight activities:** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

**Activities related to death:** We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death.

**Organ, eye or tissue donation:** We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.

**Research:** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

**To avoid a serious threat to health or safety:** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.

**Military, national security or incarceration/law enforcement custody:** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

**Workers' compensation:** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or similar programs.

**PSEH's directory:** Unless you object, we may use your health information, such as your name, location in our facility, your general health condition (e.g., stable, unstable, critical, fair) for our directory. This information will be used so that family and friends may visit you while you are at PSEH.

**Those involved with your care or payment of your care:** If people such as family members, relatives, or close personal friends are helping care for you or helping you pay your medical bills, we may release important health information about you to those people. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information

about your location or health status. You may verbally agree or disagree to such release, unless there is an emergency.

**Business Associates:** We will allow people or companies, known as business associates, who are not employed by us but provide services to us, to use your health information in certain instances. Business associates must agree to the provisions of this privacy notice.

**Note:** Except for the situations listed above, we must obtain your specific written authorization for any other release of your PHI. A form is available upon your request.

## YOUR RIGHTS

Although your medical records and financial records are property of PSEH, the information belongs to you. PSEH complies with all federal and state laws and regulations that apply to this topic. You have the right to request in writing your desire to:

**Inspect and copy all or part of your protected health information:** You have the right to inspect and obtain a copy of your health information. Under federal law, however, this right does not apply to psychotherapy notes and information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your PHI.

**Restrict with whom we may share your protected health information:** You have the right to request restrictions on how your health information is used or to whom your information is disclosed. You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, healthcare operations, and other permitted disclosures. *We are not required to agree to your request.* To request restrictions, you must make your request in writing to our Privacy Officer. A form is available upon your request.

**Have us communicate with you in a certain way or at a certain location:** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may request that we contact you at home, rather than at work. We must accommodate reasonable requests.

**Request to amend your protected health information:** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your PHI should be changed. However, if we did not create the PHI that you believe is incorrect, or if we disagree with you and believe your PHI is correct, we may deny your request.

**Request a list of certain disclosures of your information that we have made about you:** In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made, if any, during the previous six years. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We may not charge you for the list, unless you request such a list more than once per year. In addition, we will not include in the list the following disclosures made to you directly, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement/corrections, for certain health oversight activities, or before April 14, 2003.

**Revoke your authorization to disclose your protected health information except for what has already been shared:** If you sign an authorization form to permit disclosure of PHI, you may withdraw your authorization at any time, as long as your withdrawal is in writing.

**Obtain a paper copy of this notice:** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. A copy of this privacy notice is available on the PSEH website at [www.prairie-ortho.com](http://www.prairie-ortho.com).

**Complain:** If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity please contact the PSEH Privacy Officer, 1730 S 70<sup>th</sup> St, Suite 100, Lincoln, NE 68506.

If you have any questions with regard to the contents of this Notice, please call 402-489-4700.