



# Ocean State Rheumatology LLC

## NOTICE OF PRIVACY PRACTICES

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.

**This Notice is being provided to you in accordance with the requirements of the Standards for Privacy of Individually Identifiable Health Information of the Health Insurance Portability and Accountability Act (the “HIPAA Privacy Rules”) and by the amendments to the HIPAA Privacy Rules made by the Health Information Technology for Economic and Clinical Health Act of 2009 (the “HITECH Act”) and by the final HIPAA OMNIBUS Rule effective on September 23, 2013.**

We are legally required to protect the privacy of your health information. We call this information “protected health information,” or “PHI” and it includes information that can be used to identify you that we’ve created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. PHI also includes “genetic information” as that term is defined in the HIPAA Privacy Rules.

We must provide you with this Notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice.

We reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in the office. You can also request a copy of this Notice from the office receptionist in the office where your appointment is scheduled.

## **HOW WE MAY USE AND DISCLOSE YOUR PHI:**

### **Uses and Disclosures of Your Protected Health Information That Do Not Require Your Consent**

We may use and disclose your Protected Health Information as follows without your permission:

**For treatment purposes.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you are being treated for a knee injury, we may disclose your PHI to the physical rehabilitation department in order to coordinate your care.



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**To obtain payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims

**For health care operations.** We may disclose your PHI in order to operate our clinical facilities. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

**Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

**When required by law.** We may be required to disclose your Protected Health Information to law enforcement officers, courts, or government agencies. For example, we may have to report abuse, neglect, or certain physical injuries.

**For public health activities.** We may be required to report your health information to government agencies to prevent or control disease or injury. We also may have to report work-related illnesses and injuries to your employer so that your workplace may be monitored for safety.

**For health oversight activities.** We may be required to disclose your health information to government agencies so that they can monitor or license health care providers such as doctors and nurses.

**For activities related to death.** We may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose information to funeral directors, as authorized by law, so that they may carry out their duties. Further, we may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

**For research purposes.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**To avert a threat to health or safety.** In order to avoid a serious threat to health or safety, we may disclose health information to law enforcement officers or other persons who might prevent or lessen that threat.



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**For specific government functions.** In certain situations, we may disclose health information of military officers and veterans, to correctional facilities, to government benefit programs, and for national security reasons.

**For workers' compensation purposes.** We may disclose your health information to government authorities under workers' compensation laws.

**For fundraising purposes.** We may use certain information (such as demographic information, dates of services, department of service, treating physicians, and outcomes) to send fundraising communications to you. However, you may opt out of receiving any such communications by contacting our Privacy Officer (listed below) and your decision to opt-out will have no impact on your treatment.

**Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

## **Uses and Disclosures of Your Protected Health Information That Offer You an Opportunity to Object**

In the following situations, we may disclose some of your Protected Health Information if we first inform you about the disclosure and you do not object:

**In patient directories.** Your name, location and general health condition may be listed in our patient directory for disclosure to callers or visitors who ask for you by name.

**To your family, friends or others involved in your care.** Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

## **Uses and Disclosures of Your Protected Health Information That Require Your Consent**

The following uses and disclosures of your Protected Health Information will be made only with your written permission, which you may withdraw at any time:

**For marketing purposes.** Without your permission, we will not send you mail or call you on the telephone in order to urge you to use a particular product or service, unless such a mailing or call is part of your treatment. Additionally, without your permission we will not sell or otherwise disclose your Protected Health Information to any person or company seeking to market its products or services to you.



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**Of psychotherapy notes.** Without your permission, we will not use or disclose notes in which your doctor describes or analyzes a counseling session in which you participated, unless the use or disclosure is for on-site student training, for disclosure required by a court order, or for the sole use of the doctor who took the notes.

**For any other purposes not described in this Notice.** Without your permission, we will not use or disclose your health information under any circumstances that are not described in this Notice.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights related to your Protected Health Information:

**To inspect and request a copy of your Protected Health Information.** You may look at and obtain a copy of your Protected Health Information in most cases. You may not view or copy psychotherapy notes, information collected for use in a legal or government action, and information which you cannot access by law. If we use or maintain the requested information electronically, you may request that information in electronic format.

**To request that we correct your Protected Health Information.** If you think that there is a mistake or a gap in our file of your health information, you may ask us in writing to correct the file. We may deny your request if we find that the file is correct and complete, not created by us, or not allowed to be disclosed. If we deny your request, we will explain our reasons for the denial and your rights to have the request and denial and your written response added to your file. If we approve your request, we will change the file, report that change to you.

**To request a restriction on the use or disclosure of your Protected Health Information.** You may ask us to limit how we use or disclose your information, but we generally do not have to agree to your request. An exception is that we must agree to a request not to send Protected Health Information to a health plan for purposes of payment or health care operations if you have paid in full for the related product or service. If we agree to all or part of your request, we will put our agreement in writing and obey it except in emergency situations. We cannot limit uses or disclosures that are required by law.

**To request confidential communication methods.** You may ask that we contact you at a certain address or in a certain way. We must agree to your request as long as it is reasonably easy for us to do so.

**To find out what disclosures have been made.** You may get a list describing when, to whom, why, and what of your Protected Health Information has been disclosed during the past six years. We must respond to your request within sixty days of receiving it. We will only charge you for the list if you request more than one list per year. The list will not include disclosures

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made to you or for purposes of treatment, payment, health care operations if we do not use electronic health records, our patient directory, national security, law enforcement, and certain health oversight activities.

**To receive notice if your records have been breached.** UWM will notify you if there has been an acquisition, access, use or disclosure of your Protected Health Information in a manner not allowed under the law and which we are required by law to report to you., We will review any suspected breach to determine the appropriate response under the circumstances.

**To obtain a paper copy of this Notice.** Upon your request, we will give you a paper copy of this Notice.

### **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the following person/persons. We will take no retaliatory action against you if you file a complaint about our privacy practices.

Knoxville Rheumatology PLLC Privacy Officer:

Amna Mishal  
2072 Lakeside Center Way  
Knoxville, TN 37922  
865-246-6580

Secretary of the U.S. Department of Health and Human Services  
200 Independence Avenue SW,  
Washington, D.C. 20201  
1-877-696-6775.

#### **Effective Date**

This Notice went into effect on August 20<sup>th</sup>, 2020

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## **Acknowledgement of Receipt of Notice of Privacy Practices**

**Privacy Officer:** Amna Mishal

I hereby acknowledge that I received a copy of the Notice of Privacy Practices for above medical practice (i.e. Knoxville Rheumatology PLLC). I further acknowledge that any amended Notice of Privacy Practices will be made available at my next appointment upon request.

**Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

If note signed by patient, please indicate relationship to patient:

- \_\_\_ Parent or Guardian of minor patient
- \_\_\_ Guardian or conservator of an incompetent patient
- \_\_\_ Beneficiary or personal representative of deceased person

Name of Patient: \_\_\_\_\_

**TO BE COMPLETED IF THE PATIENT REFUSES TO SIGN THE ACKNOWLEDGEMENT**

**Reason for Refusal:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_