

Notice Of Dr. Jessica P. Graham's Privacy Practices For Your Protected Health Information

This notice is being provided to you as a requirement of the federal Health Insurance Portability and Accountability Act (HIPAA). This notice describes how we, Dr. Jessica P. Graham and staff, may use and disclose your protected health information 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 protected health information in some cases. Your "protected health information" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical health or condition. Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. Understanding what is in your medical record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

1 - How Medical Information About You May Be Used And Disclosed

1.1 - For Treatment

We may use and disclose protected health information about you to provide you with medical treatment or services. We may disclose this information to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you. For example, we may disclose information to people outside of our office when scheduling tests, arranging consultations with other physicians, phoning in prescriptions, etc.

1.2 - For Payment

We may use and disclose protected health information to obtain reimbursement for the health care provided to you. We may also use this information to obtain prior authorization for proposed treatment or to determine whether your insurance plan will cover the treatment.

1.3 - For Healthcare Operations

We may use and disclose protected health information to support functions of our practice related to treatment and payment such as case management and quality assurance. In addition, we may use your health information to evaluate staff performance, to help us decide what additional services we offer, and other management and administrative activities.

1.4 - Appointment Reminders

We may contact you to remind you that you have an appointment or need a referral for an appointment.

1.5 - Treatment Issues

We may call you with test results, treatment options or alternatives, or to respond to your phone call and answer questions about your treatment.

1.6 - Health-Related Benefits and Services

We may use and disclose medical information to tell you about health-related benefits, services or medical education classes.

1.7 - Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care.

1.8 - Emergencies

We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably possible after the delivery of your treatment.

1.9 - Communication Barriers

We may use or disclose your protected health information if we have attempted to obtain consent from you but are unable to do so due to substantial communication barriers and we determine that your consent to receive treatment is clearly inferred from the circumstances.

1.10 - Required by Law

We may use or disclose your protected health information when required by federal, state or local law. The disclosure will be limited to the relevant requirements of the law.

1.11 - Public Health Risks

We may use or disclose your protected health information for public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

1.12 - Communicable Diseases

We may disclose your protected health information, if required by law, to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading the disease or condition.

1.13 - Health Oversight Activities

We may disclose protected health information to federal or state agencies that oversee our activities.

1.14 - Legal Proceedings

We may disclose protected health information in response to a court or administrative order or in response to a subpoena, discovery request or other lawful process.

1.15 - Law Enforcement

We may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process subject to all applicable legal requirements.

1.16 - Workers Compensation

We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

1.17 - Military Activity and National Security

If you are, or were, a member of the armed forces or part of the National Security and Intelligence communities we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

1.18 - Other Uses and Disclosures of Health Information

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted or required by law as described above. You may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance on the use or disclosure indicated on the authorization.

2 - Your Health Information Rights

2.1 - Right To Inspect And Copy Your Protected Health Information

You have the right to inspect and obtain a copy of your protected health information. This means you may inspect and obtain a copy of your medical and billing records. A reasonable copying charge may apply. This request must be made in writing.

2.2 - Right To Request A Restriction On Uses And Disclosures Of Your Protected Health Information

You have the right to request a restriction on your protected health information. This means you may ask us to restrict or limit disclosure of any part of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or payment for your care. You must state the specific restriction requested and to whom you want the restriction to apply. However, this request is subject to our approval. If the physician believes it is in your best interest to permit use and disclosure of your information, it will not be restricted. If the physician does agree to the requested restriction, we may not use or disclose your protected health information unless it is needed to provide emergency treatment.

2.3 - Right To Request To Receive Confidential Communications

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. You must make this request in writing and your request must specify how or where you wish to be contacted. We will not ask you the reason for your request.

2.4 - Right To Request Amendments To Your Protected Health Information

You have the right to request a correction to your protected health information. This means you may request an amendment of your medical record if you believe the health information we have about you is incorrect or incomplete. You must make this request in writing. We may deny your request for an amendment if we feel it is inaccurate, or if the amendment you are requesting is part of the record that was not created by us. If we deny your request for amendment, you have the right to have your request and our denial added to your medical record.

2.5 - Right To Receive An Accounting of Disclosures

You have the right to receive an accounting of disclosures of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operation, or for disclosures that occurred prior to April 14, 2003. You must make this request in writing and this request must include a time frame, which may not be longer than 6 years or may not include dates prior to April 14, 2003.

2.6 - Right To Obtain A Copy Of This Notice

You have the right to obtain a copy of this notice from us.

2.7 - Right To Register A Complaint

You have the right to register a complaint if you feel your privacy rights have been violated. If you believe your privacy rights have been violated, you may file a complaint with our office. You may also file a complaint with the Secretary of the Department of Health & Human Services. You will not be penalized for filing a complaint.

3 - Changes To This Notice

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date at the top. You are entitled to a copy of the notice currently in effect. This notice will be posted on our website.

4 - Contacting Our Privacy Officer

If you have any questions please contact April at (801) 302-9482.

5 - Effective Date

This notice is effective April 14, 2003.