

GREENBELT ENDOSCOPY CENTER

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HIPAA NOTICE OF PRIVACY PRACTICE OMNIBUS RULE 2013 Version 0913

These privacy practices are in accordance with the original HIPAA enforcement effective April 14, 2013, and updated to The Federal Health Insurance Portability & Accountability Act of 2013, HIPAA Omnibus Rule. The HIPAA Omnibus Rule require us to maintain the confidentiality of all your healthcare records and other identifiable patient health information (PHI) used by or disclosed to us in any form, whether electronic, on paper, or spoken.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer. If you believe your privacy rights have been violated, you may file a written complaint to the Privacy Officer at the address listed above, or with the Secretary of the

Department of Health and Human Services Office of Civil Rights

200 Independence Ave. SW
Washington, DC 20201

We will not retaliate in any way if you choose to file a complaint

Starting April 14, 2003, HIPAA requires us to provide you with the Notice of our legal duties and the privacy practices we are required to follow when you first come for healthcare services.

Our Legal Duty: Law requires us to:

1. Keep your medical information private
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information and to obtain your signature on an Acknowledgement form of this Notice.
3. Follow the terms of the current notice.

We have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.

2. Make changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

We will post the changed notice, along with its effective date, in our office and on our website.

OUR RULES ON HOW WE MAY USE/DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

Documentation:

You will be asked to sign an Acknowledgement form when you receive this Notice of Privacy Practices (NOPP). We will use or disclose your PHI for certain purposes as detailed below. You may revoke your consent at any time by submitting a "Revocation form" in writing at our address listed in the front of this notice. Your revocation will take effect when we receive it. We cannot give it retroactive effect, so it will not affect any use or disclosure that occurred in our reliance on your authorization prior to revocation. (i.e. if after we provide services to you, you revoke your acknowledgment in order to prevent us from billing or collecting for those services, your revocation will have no effect because we relied on your acknowledgement to provide services before you revoked it)

General Rule

If you do not sign our Acknowledgement form or if you revoke it, we cannot in any manner use or disclose to anyone (excluding you) your PHI or any other information in your medical record. By law, we are unable to submit claims to payers under assignment of benefits without your signature on our acknowledgement form. You will however, be able to restrict disclosures to your insurance carrier for services for which you wish to pay "out of pocket" under the new Omnibus Rule. We will not condition treatment on your signing an acknowledgement form, but we may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the authorization /acknowledgement form or revoke it.

Healthcare Treatment, Payment and Operations Rule

The following section describes different ways that we use and disclose medical information. With your signed Acknowledgement form, we may use/disclose your PHI in order:

- To provide you with or coordinate healthcare treatment and services. For example, we may disclose medical information about you to doctors, nurses, technicians, or other people who are taking care of you. We may also provide your medical information with other health care providers to assist them in treating you.
- To bill or collect payment from you, insurance company, a managed-care organization, a health benefit plan or another third party. For example, we may need to verify your insurance coverage, submit claim, obtain pre-treatment estimates or pre-authorization. Remember, you will be able to restrict disclosures to your insurance carrier for services for which you wish to pay "out of pocket".
- To run our office, assess the quality of care our patients receive and provide you with customer service. For example, we may contact you by phone, mail or otherwise remind you of scheduled appointments, we may leave message with whoever answers your phone or email to contact us (but we will not give out detailed PHI). We may call you by name from waiting room, we may ask you to put your name on a sign-in sheet. We may tell you about or recommend health-related products and complementary or alternative treatments that may interest you. We may review your PHI to evaluate staff's performance, or to assist you with complaints. If you prefer that we do not contact you with appointment reminders or information about treatment alternatives or health-related products and services, please notify us in writing.
- HIPAA Omnibus rule does not require that we provide the above notice regarding appointment reminders, treatment information or Health Benefits, but we are including these as a courtesy so that you understand our business practices with regards to your PHI.

Additionally you should be made aware of these protection laws on your behalf, under the new HIPAA Omnibus Rule:

- **Health Insurance Plans** that underwrite cannot use or disclose genetic information for underwriting purposes (this excludes certain long-term care plans).
- **Psychotherapy Notes** maintained by a healthcare provider, must state in their NOPPs that they can allow "use and disclosure" of such notes only with your written authorization.

We will not use or disclose your medical information for any purpose not listed above, without your specific written authorization.

Special Rules

In accordance with applicable HIPAA Omnibus Rule, and under strictly limited circumstances, we may use or disclose your PHI without your permission, consent or authorization for the following purposes:

- When required under federal, state or local law.
- When necessary in emergencies to prevent a serious threat to your health/safety or the health/safety of others.
- When necessary for public health reasons (i.e. prevention /control of disease, injury or disability, reporting adverse reaction to medications or products, suspected abuse, neglect or exploitation of children, disabled adults or elderly, or domestic violence).
- For federal or state government health-care oversight activities (i.e. civil rights laws, fraud and abuse investigations, audits, investigations, inspections, licensure or permitting, government programs, etc)
- For judicial and administrative proceedings and law enforcement purpose (i.e. in response to a warrant, subpoena or court order, by providing PHI to coroners, medical examiners and funeral directors to locate missing persons, identify deceased persons or determine cause of death)
- For Worker's Compensation purposes (i.e. if you have claimed health benefits for a work-related injury or illness)
- For intelligence, counterintelligence or other national security purposes (i.e. Veterans Affairs, U.S. Military command, or other governmental authorities or foreign military authorities may require us to release)
- For organ and tissue donation
- For research projects approved by an Institutional Review Board or a privacy board to ensure confidentiality (i.e. if the researcher will have access to your PHI because involved in your clinical care, we will ask you to sign an authorization)
- To create a collection of information that is "de-identified" (i.e. it does not personally identify you by name, distinguishing marks or otherwise and no longer can be connected to you)
- To family members, friends and others, but only if you are present and verbally give permission.

Minimum Necessary Rule

Our staff will not use or access your PHI unless it is necessary to do their jobs (i.e. doctors, clinical staff, billing staff). All our team members are trained in HIPAA Privacy rules and sign strict confidentiality contracts with regards to protecting and keeping private PHI. Know that your PHI is protected several layers deep with regards to our business relations. We may disclose to others outside our staff, only as much of your PHI as necessary to accomplish the recipient's lawful purpose. Still in certain cases, we may use and disclose the entire contents of your medical records:

- To you (and your legal representative) and anyone else you list on a consent or authorization form to receive a copy of your records.
- To healthcare providers for treatment purposes
- To the U.S. Department of Health and Human Services (HHS) (in connection to a HIPAA complaint)
- To others as required under federal or state law
- To our privacy officer and others as necessary to resolve your complaint or accomplish your request under HIPAA

Business Associate Rule

Business associates are an entity (non-employee) that in their course of their work will directly or indirectly use, transmit, view, transport, hear, interpret, process or offer PHI for this facility. Business Associates will sign a strict confidentiality agreement binding them to keep your PHI protected and report any compromise information to us, you, and the US Department of HHS, as well as other required entities. Our Business Associates will also follow Omnibus rule and have any of their subcontractors that may directly or indirectly have contact with your PHI sign a confidentiality agreement to federal Omnibus Standard.

Super-confidential Information rule

If we have information about you regarding communicable diseases, disease testing, alcohol or substance abuse diagnosis and treatment, or psychotherapy and mental health records, we will not disclose it under the General or Healthcare treatment, payment and Operations rules without you first signing and properly completing our consent form.

MARKETING AND FUND RAISING RULE

Limitations on the disclosure of PHI regarding Remuneration

The disclosure or sale of your PHI without authorization is prohibited. Under HIPAA Omnibus rule, this would exclude disclosures for public health purposes, treatment/payment for healthcare, for the sale, transfer, merger, or consolidation of all or part of this facility and for related due diligence, to any or our Business Associates, to a patient or beneficiary upon request, and as require by law. The disclosure of PHI for research purpose or for any other purpose permitted by HIPAA will not be considered a prohibited disclosure if the only reimbursement received is "a reasonable, cost-based fee" to cover the cost to prepare and transmit your PHI which would be expressly permitted by law. Under Omnibus Rule, an authorization to disclose PHI must state that the disclosure will result in remuneration to the Covered Entity. Notwithstanding the changes in the Omnibus Rule, the disclosure of limited data sets (a form of PHI with a number of identifiers removed in accordance with specific HIPAA requirements) for remuneration pursuant to existing agreement is permissible until Sept. 22, 2014, so long as the agreement is not modified within one year before that date.

Limitation of the use of PHI for paid marketing

We will obtain written authorization to use or disclose your PHI for marketing purposes, but not for activities that constitute treatment or healthcare operations. **Marketing** is defined, as "a communication about a product or service that encourages recipients...to purchase or use the product or service." Under Omnibus Rule we will obtain your written authorization prior to using your PHI or making any treatment or healthcare recommendation, should financial remuneration for making the communication be involved from a third party whose product or service we might promote. We must clarify that financial remuneration does not include "as in-kind payments" and payments for a purpose to implement a disease management program. Face-to-face marketing, such as sharing a product brochure/pamphlet, is permissible under current HIPAA Law.

Flexibility on the use of PHI for fundraising

Under the HIPAA Omnibus Rule use of PHI does not require authorization should we choose to include you in any fund raising effort. However, we will offer the opportunity to "opt out" of receiving future fundraising communications. There will be a statement on your HIPAA Patient Acknowledgement Form where you can choose to "opt out".

Improvements to requirements for authorizations related to research: We may seek authorizations from you for the use of your PHI for future research. We would have to make clear what those uses are in detail. When a compound authorization is used, and research related treatment is conditioned upon your authorization, the compound authorization will differentiate between the conditioned and unconditioned components.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- You have the right to get, at any time, a paper copy of this notice by asking our receptionist.
- **To inspect and copy:** You have the right to see and get a copy of your PHI including, but not limited to medical and billing records by submitting a written request. Original records will not leave the premises, will be available for inspection only during our regular business hours, and only if our Privacy Officer is present at all times. You may ask us to give you the copies in a format other than photocopies or ask us to prepare a summary in lieu of the copies. We may charge you a fee to recover our cost. We will comply with Federal Law to provide your PHI in an electronic format within 30 days of your written request.
- **To Request Amendment/correction:** If you think your PHI we have about you is incorrect, or that something important is missing from you records, you may ask us to amend/correct it by submitting a "**Request for Amendment/Correction**" form. We will act on your request within 30 days from receipt. We may extend our response time no more than once and by no more than 30 days. If we grant the request, we will notify you within 5 business days, make the changes by noting (not deleting) what is incorrect or incomplete and adding to it the changed language. We may deny your request under certain circumstances. If we deny your request you may file a complaint to us if you disagree.
- **To an Accounting of Disclosures:** You may ask us for a list of those who got your PHI from us by submitting a "**Request for Accounting of Disclosures**". Your request must state the time period you want us to cover, which may no more than the last 6 years. (Exclude dates before 04/14/2003). If you ask for a list more than once in a 12 month period, a fee may apply.

- **To request Restrictions:** You may ask us to limit how your PHI is used and disclosed by submitting a written “**Request for Restriction on Use, Disclosure**” form. We are not required to agree, but if we do, we will abide by our agreement except in the event of an emergency.
- To Request Alternative Communications:** You may ask us to communicate with you in a different way or at a different place by submitting a written “**Request for Alternative Communication**” form. You must tell us the alternative means or location you want us to use and explain to our satisfaction how payment to us will be made if we communicate with you as you request.