Privacy Policy

Effective: 09-01-2013

DR.REBECCA SIMON M.D.P.A.
NOTICE OF PRIVACY PRACTICES

AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILTY AND ACCOUNTABILTY ACT OF 1996 (HIPPA) THIS NOTICE DESCRIEES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION, PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (HI). In conducting our business, we will create records regarding you and the

treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identities vou. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning our IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated but we must provide you with the following important information.

- How we may use and disclose your IIHI.
- Your privacy rights in your IIHI.
- Our obligations concerning the use and disclosure of your IIHI.

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:

DR. REBECCA SIMON M.D.P.A. OR PRIVACY OFFICER
3864 HWY 392
HARRISON, AR 72601
870-204-5645

USES AND DISCLOSURES OF MEDICAL INFORMATION (IHII)

The following categories describe the different ways in which we may use and disclose your IIHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Uses and disclosures not described in this Notice will be made only with authorization from the individual.

- **TREATMENT.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests and we may use the results to help us reach a diagnosis. We might use your IIHI to write a prescription for you or disclose your IIHI to a pharmacy when a prescription is ordered for you. Many of the people who work for our practice including, but not limited to, our doctor and nurses may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.

- **PAYMENT.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and what range of benefits), and may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. We may also use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose our IIHI to other health care providers and entities to assist in their billing and collection efforts.

- **HEALTH CARE OPERATIONS.** Our practice may use and disclose your IIHI to conduct our business. These uses and disclosures are necessary to the business activities of this practice. These activities include, but are not limited to, quality improvement, business management and planning functions, licensure and accreditation activities, and to obtain audit, accounting or legal services. Your IIHI may be disclosed to other health care providers and entities to assist in their health care operation.

OPTIONAL DISCLOSURES

- **APPOINTMENT REMINDERS.** Our practice may use and disclose your HI to contact you and remind you of an appointment.

- **TREATMENT OPTIONS.** Our practice may use and disclose your lIHI to inform you of potential treatment options or alternatives.
- **HEALTH RELATED BENEFITS AND SERVICES.** Our practice may use and disclose your HI to inform you of health-related benefits or services that may be of interest to you.
- **RELEASE OF INFORMATION TO FAMILY/FRIENDS.** Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you.

- **DECEASED PATIENTS.** Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

- **ORGAN AND TISSUE DONATION.** Our practice may release your IIHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

- **RESEARCH.** Our practice may use and disclose your lIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when Internal or Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:
    - The use or disclosure involves no more than a minimal risk to your privacy based on the following:
        - An adequate plan to protect the identifiers from improper use and disclosure
        - An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law
        - Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use and disclosure would otherwise be permitted
    - The research could not practicably be conducted without the waiver.

AS REQUIRED BY LAW

- Our office will use and disclose your medical information (IIHI) when we are required to do so by federal, state or local law.

SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your medical information (IIHI)

- **PUBLIC HEALTH RISKS.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

    - Maintaining vital records, such as births or deaths
    - Reporting child abuse or neglect
    - Preventing or controlling disease, injury or disability
    - Notifying a person regarding potential exposure to a communicable disease
    - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
    - Reporting reactions to drugs or problems with products or devices
    - Notifying individuals if a product or device they may be using has been recalled
    - Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence)
    - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
- **HEALTH OVERSIGHT ACTIVITIES.** Our practice may disclose your medical information to health oversight agencies for activities authorized by law such as audits, investigations, inspections, and licensure activities. Also any activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.
- **LAWSUITS AND SIMILAR PROCEEDINGS.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **LAW ENFORCEMENT.** We may release IIHI if asked to do so by a law enforcement official:
    - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
    - Concerning a death we believe has resulted from criminal conduct
    - Regarding criminal conduct at our office
    - In response to a warrant, summons, court order, subpoena, or similar legal process
    - To identify/locate a suspect, material witness, fugitive, or missing person
    - In an emergency, to report a crime (including the location or victim(s) or the crime, or the description, identity or location of the perpetrator
- **SERIOUS THREATS TO HEALTH OR SAFETY.** Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

- **MILITARY.** Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- **NATIONAL SECURITY.** Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.

- **INMATES.** Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
    - Disclosure for these purposes would necessary:
    - For the institution to provide health care services to you
    - For the safety and security of the institution
    - To protect your health and safety or the health and safety of other individuals
- **WORKERS COMPENSATION.** Our practice may release you IIHI as authorized to comply with workers" compensation laws and other similar programs established by law.

- **YOUR RIGHTS REGARDING YOUR IIHI**You have the following rights regarding the lIHI that we maintain about you:

- **CONFIDENTIAL COMMUNICATIONS.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we only contact you at home or by mail. In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests and will not ask the reason for your request.

- **REQUESTING RESTRICTIONS.** You have the right to request a restriction or limitation in our use or disclosure of your HI for treatment, payment or health care operations. Additionally you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You have the right to restrict disclosures of HI on a current health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full. In order to request a restriction in our use and disclosure or your IIHI, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion:

    - The information you wish restricted
    - Whether you are requesting to limit our practice's use, disclosure, or both; and
    - To whom you want the limits to apply
    - Length of duration for the disclosure and/or restriction
- **INSPECTIONS AND COPIES.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes, as long as we maintain that information. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your IIHI. This must include the form and format requested. Our practice will not use outside media brought in by a patient. Our practice may deny your request to inspect and or copy in certain limited circumstances: however. you may request, in writing, a review of our denial. Another licensed health care professional chosen by us will conduct reviews. If you request a copy of information, we may charge a fee for the costs of copying. mailing. or other supplies associated with your request.

- **AMENDMENT.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by and for our practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend the information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice: (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

- **ACCOUNTING OF DISCLOSURES.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI for non treatment, non-payment, or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. This patient right does not apply to disclosures that are subject to certain restrictions, exceptions, and limitations imposed by law. Also, we are not required to document disclosures made pursuant to an authorization signed by you. In order to obtain an "accounting of disclosures.* you must submit your request in. writing to the Privacy Officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. Your request should indicate in what form you want the list. The first list you request within a 12 month period is free of charge, but our practice may charge you for additional list within the same 12-month period. Our practice will notify you of the costs involved with additional request, and you may withdraw your request before you incur any costs.

- **RIGHT TO A PAPER COPY OF THIS NOTICE.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Officer.

- **RIGHT TO FILE A COMPLAINT.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer. We urge you to file your complaint with us first and give us the opportunity to address your concerns. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

- **RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain records for your care.

- **RIGHT TO BREACH NOTIFICATION.** Our practice will notify affected individuals in a timely manner upon realization of a breach of unsecured IHII