

Christine Cooley Family Health, NP PLLC

500 Federal Street Suite 650

Troy, NY 12180

Phone 518-441-8720

The Health Insurance Portability and Accountability Act of 1996 was enacted to provide regulations protecting the privacy and security of certain health information for patients. This notice describes your rights. You can obtain a copy by printing this notice or receiving a copy at the office.

#### YOUR PROTECTED HEALTH INFORMATION

Christine Cooley Family health is published here and can be provided to you as a requirement of federal privacy rule to maintain the privacy of health information. I am required to provide you with notice of my legal duties and privacy practices related to your protected health care information. If you have a question about this notice please call Chris Cooley, the privacy officer, at 518-441-8720. I will ask for your signature at the end of the document to acknowledge understanding and receipt.

Your protected health information includes the following: (a) information that relates to your past, present or future physical or mental health or condition; (b) the provision of health care to you; and (c) payment for health care provided to you. Protected information must individually identify you or can reasonably be used to identify you.

Your medical and billing records at our practice are examples of information that is usually regarded as protected health information.

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

##### Treatment, payment, and health care operations

This section describes how we may use and disclose your protected health information for treatment, payment and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment and health care operations purposes will be listed.

I may disclose your protected health information for your treatment purposes as well as the treatment purposes of other health care providers. This may be done by personal conversation, telephone conversation, written correspondence mailed to the health care provider and by facsimile transmission. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers.

Some examples of treatment issues and disclosures include:

- During an office visit, practice providers and staff involved in your care may review your medical record and share and discuss your medical information with each other.

- discuss your medical information with an outside physician to whom we have referred your care.
- discuss your medical information with an outside physician with whom we are consulting regarding your care.
- discuss your medical information with an outside laboratory, radiology center, or other health care facility where we have referred you for testing, home health agency, durable medical equipment agency or other health care provider to whom I have referred you for health care services and products.
- discuss your medical information with a hospital or other health care facility where we are admitting or treating you.
- May call patients in the waiting room when it is time for them to go to an examining room. To do this, we may use your first and/or last name.
- may contact you regarding you care. To do this, I may send postcards, letters with my practice name and return address, mail you letters in envelopes with my practice name and return address, call you at home, mobile, work, or leave messages with family members or voice mail. You may receive emails and text messages with the practice name present.

#### Payment

I may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so you can obtain reimbursement for that care, for example, from your health insurer.

Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- Submission of a claim form to your health insurer.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Sharing your demographic information (for example, your address) with other health care providers who seek this information to obtain payment for health care services provided to you.
- Providing a bill to a family member or other person designated as responsible for payment for services rendered to you.
- Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.
- Allowing your health insurer access to your medical record for a medical necessity or quality review audit.
- Providing consumer-reporting agencies with credit information (your name and address, date of birth, social security number, payment history, account number, and our name and address).

- Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.
- Disclosing information in a legal action for purposes of securing payment of a delinquent account.

## Healthcare Operations

I may use and disclose your protected health information for health care operation purposes as well as certain health care operation purposes of other health care providers and health plans.

Health care operation purposes may include:

- Quality assessment and improvement activities.
- Population based activities relating to improving health or reducing health care costs.
- Reviewing the competence, qualifications, or performance of health care professionals.
- Conducting training programs for medical and other students.
- Accreditation, certification, licensing, and credentialing activities.
- Health care fraud and abuse detection and compliance programs.
- Conducting other medical review, legal services, and auditing functions.
- Business planning and development activities, such as conducting cost management and planning related analyses.
- Sharing information regarding patients with entities that are interested in joining our practice.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

## Uses and disclosures for other purposes

We may use and disclose your protected health information for other purposes. This section describes those purposes by category. Each category lists one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category – not just the category under which they are listed.

## Individuals involved in care or payment for care

I may disclose your protected health information to someone involved in your care or payment for your care, such as spouse, a family member, or close friend. For example, if you have surgery, I may discuss your physical limitations with a family member assisting in your post-operative care.

## Notification purposes

We may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death. For example, if you are hospitalized, we may notify a family

member of the hospital and your general condition. In addition, we may disclose your protected health information to a disaster relief entity, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.

#### Required by law

We may use and disclose protected health information when required by federal, state, or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments, blood alcohol testing and medical errors.

#### Other public health activities

I may use and disclose protected health information for public health activities, including:

- Communicable disease reports.
- Child abuse and neglect reports.
- FDA-related reports and disclosures, for example, adverse event reports
- Public health warnings to third parties at risk of a communicable disease or condition.
- OSHA requirements for workplace surveillance and injury reports.
- Victims of abuse, neglect or domestic violence

We may use and disclose protected health information for purposes of reporting abuse, neglect or domestic violence in addition to child abuse. For example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

#### Health oversight activities

We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection of patient records.

#### Judicial and administrative proceedings

We may use and disclose protected health information in judicial and administrative proceedings in response to a court or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is at issue.

## Law enforcement purposes

I may use and disclose protected health information for certain law enforcement purposes including to:

- Comply with legal process, for example, a search warrant.
- Comply with a legal requirement, for example, mandatory reporting of gunshot wounds.
- Respond to a request for information for identification/location purposes.
- Respond to a request for information about a crime victim.
- Report a death suspected to have resulted from criminal activity.
- Provide information regarding a crime on the premises.
- Report a crime in an emergency.

## Coroners and medical examiners

We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner to identify a deceased patient, determine a cause of death, or facilitate their performance of other duties required by law.

## Funeral directors

I may use and disclose protected health information for purposes of providing information to funeral directors as necessary to carry out their duties.

## Organ and tissue donation

I may use and disclose protected health information to facilitate organ, eye and tissue donation and transplantation. Information may be provided to entities engaged in procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.

## Threat to public safety

Involving a threat to public safety including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, I am required by law to disclose information to protect someone from imminent serious harm.

## Specialized government functions

We may use and disclose protected health information for purposes involving specialized government functions including:

- Military and veterans' activities.
- National security and intelligence.

- Protective service for the President and others.
- Medical suitability determinations for the Department of State.
- Correctional institutions and other law enforcement custodial situations.

#### Workers' compensation and similar programs

I may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work injury.

#### Business associates

A business associate, such as a billing company, an accountant firm, or a law firm, performs certain functions of the practice. I may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. For example, we may share with a billing company information regarding your care and payment for your care so the company can file health insurance claims and bill you or another responsible party.

#### Creation of de-identified information

We may use protected health information about you in the process of de-identifying the information. For example, I may use your protected health information in the process of removing those aspects that could identify you so that the information can be disclosed to a researcher without your authorization.

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#### Incidental disclosures

I may disclose protected health information as a by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being called in the waiting room or two people are present with the same first name.

#### Uses and disclosures with authorization

For all other purposes that do not fall under a category listed under sections III.A and III.B, I will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

#### PATIENT PRIVACY RIGHTS

##### Further restriction on use or disclosure

You have the right to request that we further restrict use and disclosure of your protected health information to carry out treatment, payment, or health care operations, to someone who is involved in your care or the payment for your care, or for notification purposes.

To request a further restriction, you must submit a written request to our privacy officer. The request must state: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

##### Confidential communication

You have the right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. I am are not required to agree to requests for confidential communications that are unreasonable.

To request confidential communication, you must submit a written request to our privacy officer, Chris Cooley. The request must state how and where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

##### Accounting of disclosures

You have the right to obtain, upon request, an "accounting" of certain disclosures of your protected health information by us (or a business associate for us). This right is limited to disclosures within six years of the request and other limitations. We may charge you for providing the accounting.

To request an accounting, you must submit a written request to our privacy officer. The request should designate the applicable time period.

### Inspection and copying

You have the right to inspect and obtain a copy of your protected health information that we maintain in a designated records set (medical record). This right is subject to limitations. We may charge you for the labor and supplies involved in providing the copies. You have the ability to access your records vial the patient portal and can request access and a link at by calling the office.

### Right to amendment

You have the right to request that we amend protected health information that we maintain about you in a designated records set (medical record) if the information is incorrect or incomplete. This right is subject to limitations.

To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

### Paper copy of privacy notice

You have the right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact Chris Cooley.

## COMPLAINTS

If you believe that I have violated your privacy rights, you may submit a complaint to the privacy officer with the US Department of Health and Human Services' Office of Civil Rights and or Chris Cooley. Submit the complaint in writing. We will not retaliate against you for filing a complaint.

## PATIENT RIGHTS & RESPONSIBILITIES

- All patients utilizing the services of Christine Cooley Family Health shall be treated with respect, consideration and dignity.
- Patients will be provided the appropriate privacy while being seen at our offices.
- Patient disclosures and records will be treated with confidentiality. Patients will be given the opportunity, when desired, the opportunity to approve or refuse their release.
- Patients will be given the opportunity to participate in decisions involving their health care. This will be done except when participation is contraindicated for medical reasons.
- All attempts will be made to accommodate patients who do not speak English. When possible, an interpreter or signer will be present.



Patient Responsibilities

The office expects that a patient will provide accurate and complete information about matters relating to his/her health history in order for the patient to receive effective medical treatment.

A patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of them.

The office expects that a patient will cooperate with all personnel and ask questions if directions and/or procedures are not clearly understood.

A patient is expected to be considerate of other patients and office personnel and to observe the no smoking policy of the office. A patient is also expected to be respectful of the property other persons and the property of the office.

The patient is expected to help the provider, nurses, and allied medical personnel in their efforts to care for the patient by following their instructions and medical orders.

It is understood that a patient assumes the financial responsibility of paying for all services rendered whether through third party payors (his/her insurance company) or being personally responsible for payment for any services which are not covered by his/her insurance policies.

It is expected that the patient will not take any recreational drugs (for example marijuana, alcohol) which have not been prescribed by his/her attending physician and administered by the office staff while in the office.

Chris Cooley and the staff are committed to serving their patients and families with the highest standards of care.

Signing below indicates you have read all of the above notice, been provided the opportunity to have questions answered and receive a copy of the notice if desired.

Patient/patient representative signature\_\_\_\_\_

Print name\_\_\_\_\_/relationship to patient\_\_\_\_\_

Patient Date of birth\_\_\_\_\_

Date signed\_\_\_\_\_