

KALAMAZOO ANESTHESIOLOGY, P.C.

PATIENT NOTICE OF PRIVACY PRACTICES

*THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY KALAMAZOO ANESTHESIOLOGY, P.C. AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.*

*THIS NOTICE APPLIES TO THE PRIVACY PRACTICES OF:*

- Kalamazoo Anesthesiology, P.C. (hereinafter KAPC).
- Any member of a volunteer group we allow to help you while you are a patient of KAPC.
- All employees, medical staff and other KAPC personnel, including personnel at the KAPC business office and the pain clinic.
- Dr. Walberer and Dr. Lazar when they are providing services to KAPC pain clinic patients.

In this Notice, each reference to “we” is meant to include all of the above entities, providers, sites, and locations. Any or all of these entities, providers, sites and locations may share information about you for treatment, payment or health care operation purposes described in this Notice. This Notice is being provided to you pursuant to the federal law known as HIPAA and an amendment to that law known as HITECH.

USING AND DISCLOSING YOUR HEALTH INFORMATION

Each time you receive care from a physician office, clinic, or pain clinic, a record of your visit and the care provided to you during that visit is made. Typically, this record contains information regarding your health history, symptoms, examinations and tests performed including the results of those tests, any diagnoses or treatment and any plan for future care or follow-up with respect to your condition or treatment. Some of this information may be collected from other health care providers. This information is often referred to as your health or medical record. Any genetic information (family medical history) we have about you is considered part of your health or medical record. When we create a record or collect this type of health information about you, we use it for current and future treatment purposes, to obtain payment for treatment provided to you, for administrative and operational purposes, and to evaluate the quality of the care provided to you. By way of example, we may use or disclose certain identifiable health information about you, without your authorization for reasons such as:

- A means of communication with other health professionals who contribute to or participate in your care while you are our patient including doctors, nurses, technicians, medical students and other clinical personnel involved in taking care of you, as well as people outside of our organization who may be involved in your medical care after you leave our facilities, such as family members. For

example, we may need to disclose information about your progress to your primary care physician who may be assisting in your treatment;

- Disclosing information about your treatment to friends or family members whom may accompany you, with your permission, into any examination or therapy room or incidentally disclosing information about your treatment to other patients when you are being treated in an open therapy room or are receiving group intravenous therapy treatment;
- A means for preparing documentation relating to your treatment that we are required by law to maintain and, in some cases, give out for public health purposes such as: abuse or neglect reporting, auditing purposes, research studies, workers' compensation purposes and emergencies;
- A means by which you or a third party payor can verify services provided to you so that we may bill for and receive payment from you, an insurance company or other third party payor, or person responsible for paying for any of your care. For example, we may need to give your health plan information about treatment you received at our pain clinic so the plan will pay us for the care we provided;
- A source of data in our daily operations as a health care provider. For example, we may need to use your health information and record as a tool in educating and assessing the competency of doctors, nurses and technicians who provide care here;
- A source of data for contacting you and reminding you of appointments for treatment or care, including leaving the name of the person calling, the name of the clinic, and the time of your appointment;
- A source of data for advising you of possible treatment options or alternatives and other health-related benefits or services that may be of interest to you;
- A source of information for public health officials charged with improving the health of our city, state, and nation, or responsible for averting a serious threat to health or safety of you, another person or the public;
- A tool used to assess and continually work toward improving the overall quality of care we render and the outcomes we achieve;
- Information required to be disclosed by federal, state or local law;
- For members of domestic or foreign armed forces, to comply with the requirements of domestic or foreign military command authorities;
- A source of data and information for health oversight agencies in connection with legally authorized activities related to the investigation, inspection and licensure of health care providers; and/or

- A source of data and information in connection with a legal dispute or lawsuit in which you are involved, in response to a court or administrative order, subpoena or other discovery request, as permitted by law.

We routinely provide patient health information when otherwise required by law, such as when law enforcement officials are entitled to such information in specific circumstances. In many other instances, we will ask for written authorization before using or disclosing any identifiable health information about you. If we request one and you choose to sign an authorization to disclose your protected health information, you can later revoke that authorization to stop certain future uses and disclosure of that information without your consent.

We may change our policies or practices regarding the use of your health information from time to time. Before we make a significant change in our policies or practices, we will change our notice and post the new notice in the waiting areas and/or in our exam rooms. You have a right to a written copy of and can always request a copy of our current notice, at any time. For more information about our privacy practices and policies, please contact the individual and office listed below.

### YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Kalamazoo Anesthesiology, the information contained within your health record belongs to you. You have a right to request the restriction of certain uses and disclosures of your information. You also have the right to amend and request changes in the information contained within your health record and to obtain an accounting of disclosures of your health information when such disclosures are made for other than treatment, payment or related administrative or operating purposes as described above. Any request to amend your record must be made in writing and we may deny your request if it:

- is not in writing;
- does not include a reason to support the request; or
- the health information or record that is the subject of the request
  - was created by another health care provider;
  - is not part of the health information kept by or for our organization;
  - is not part of the health information you would be permitted to inspect or copy; or
  - is accurate and complete as is.

Any request for an accounting of disclosures of your information must be in writing, can be for a time period no longer than six years and may not include a period prior to April 14, 2003. The first disclosure list you request within a 12-month period is free. For any additional request, we may charge you for the cost of providing the list. Effective at the time prescribed by federal regulations, you may also request an accounting of uses and disclosures of your protected health information maintained as an electronic health record in the event KAPC maintains such records.

You may request, in writing, that we not use or disclose your information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or

emergency circumstances. We will consider your request, **but you should be aware that we are not legally required to accept it and may, if we deem your request too restrictive, elect not to treat you or to disregard it in an emergency situation.** You may ask a health care provider to not disclose your protected health information to the health plan in which you participate for payment or health care operations purposes if you pay for the health care item or service in full on an out-of-pocket basis.

You have the right, with limited exceptions, to inspect and obtain a copy of your health record. Usually, this includes medical and billing records, but may not include records such as psychotherapy notes. If you request copies of your health records, the request must be in writing and we will charge a reasonable fee for such copies. This charge is directly attributable to the administrative and copying costs associated with meeting your request. If KAPC maintains your protected health information electronically in a designated record set, KAPC will provide you with access to the information in the electronic form and format you request if readily producible or, if not, in a readable electronic form and format as agreed to by KAPC and you. If your request for copies of your health record is, in your opinion, an emergency, please let us know as we do not intend to deny you access to your health records or information in an emergency circumstance and will work with you to meet these emergency needs.

You also have the right to request that we communicate with you about medical matters in certain ways or at certain locations. Again, this request should be in writing and should be specific as to how and where you wish to be contacted. We do not need to know the reasons for your request.

#### BREACH NOTIFICATION REQUIREMENT

In the event unsecured protected health information about you is “breached,” unless we determine that there is a low probability that the protected health information has been compromised, we will notify you of the situation. We will also inform HHS and take any other steps required by law.

#### YOUR COMPLAINTS

We are required by law to maintain the privacy of your health information, provide you with this notice of our legal duties and privacy practices, and to abide by the terms of this notice.

If you are concerned that we have violated your privacy rights or our own policies as summarized in this notice, or if you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the United States Department of Health & Human Services. The person and office listed below can provide you with the appropriate address upon request. You will not suffer any retaliation for filing a complaint.

#### OUR RESPONSIBILITIES

We are required by law to protect the privacy of your information and to provide you with this notice about our information practices. We are also required to abide by the terms of this notice and to notify you if we are unable to agree to a requested restriction you have made relative to

the use or disclosure of your information. In addition, we are required to accommodate reasonable requests you make regarding the communication of your health information by alternate means or at alternative locations.

**If you have any questions regarding this notice, our use or disclosure of your health information or wish to file a complaint regarding our use or disclosure of your health information, please contact the Privacy Officer in the Business Office at 269-345-8618.**

Effective Date of this Notice: September 23, 2013.