

## **Sun Family Practice Associates, PA – Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.**

Sun Family Practice is required by law to maintain the privacy of Protected Health information and to provide individuals with notice of our legal duties and privacy practices with respect to Protected Health Information. This document is being provided to you in fulfillment of these obligations.

Protected Health Information, or PHI as it may be referred to in this document, is information about your identity (e.g. your name, address, social security number, etc.) your past, present or future medical or mental condition (e.g. history of illness, current medications, future appointments, etc.), past, present or future related health care services (e.g. procedures performed, lab tests ordered, etc.), and past, present or future payment for medical services (e.g. Insurance carriers, deductibles, payments made, etc.)

Sun Family Practice reserves the right to amend or change its practices, policies or procedures with regard to PHI at any time, and make such changes effective for all PHI in our possession, including any PHI that may have been created or received prior to such changes. In the event of such a change Sun Family Practice will post a new revision of this notice in our facility and make a copy available to you upon request.

Sun Family Practice is required to make sure that at all times our office operates in a manner that is consistent with the provisions of the most current version of this notice. If at any time you believe our practice has acted in a manner inconsistent with our most current Notice of Privacy Practices, or you feel your rights to privacy have been violated in any way, you are entitled to file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office or for further information with regard to this notice or Sun Family Practice Associates' privacy practices, please contact our Office Manager at 281-357-8588. Sun Family Practice will not retaliate in any way against any individual who files a complaint with either this office or with the Secretary of the Department of Health and Human Services.

### **Use or Disclosure of PHI for Treatment, Payment and Operations**

Sun Family Practice Associates may use or disclose your PHI without your authorization for treatment, to receive payment for any services rendered, and for the normal operations of this office. For example;

**Treatment-** We may use or disclose your PHI in coordinating treatment among our staff or with other providers, such as specialists we have referred you to for further treatment.

**Payment-** We may use or disclose your PHI to your insurance company as required to obtain payment for any services that have been rendered.

**Operations-** We may use or disclose your PHI for quality assurance purposes, as part of employee performance evaluations, or to train new employees.

### **Other Uses or Disclosure of PHI Permitted or Required Without Your Authorization**

**For Research-** PHI may be used or disclosed for research studies that have been approved by an institutional review board as having established the necessary protocols to protect the privacy of PHI.

**To Prevent an Imminent Threat to a Person or the Public-** PHI may be used or disclosed in situations where it is believed in good faith to be necessary to prevent or diminish the threat of imminent harm to the health or safety of a person or the public.

**For Specialized Government Functions-** PHI may be used or disclosed in very special circumstances involving armed forces personnel, national security or intelligence activities, as necessary for the protection of the President or other authorized persons, to determine medical suitability for State Department service, concerning inmates of a correctional institution, government programs that provide public benefits.

**To Business Associates-** We may use or disclose your PHI to a business associate of ours whom we have a contract with to perform a function on our behalf, as long as our contract requires that our business associate safeguard your PHI and keep it confidential.

#### **Uses of Disclosures of PHI That Require Your Written Authorization**

Any other use or disclosure of your PHI, not previously identified, will only be made upon receipt of your written authorization. Such authorizations will be requested by Sun Family Practice Associates as needed. Your receipt of care may not be conditioned upon your approval of an authorization unless the sole reason for health care is to provide PHI to a third party or treatment is part of a research study requiring your authorization.

You are entitled to revoke any authorization at any time, provided the revocation is in writing and except to the extent that we have already taken action in reliance on your authorization, or if the authorization was a condition of obtaining insurance coverage. To revoke an authorization, please submit your written request to the Office Manager.

#### **Your Rights With Respect to Your Protected Health Information**

**Right to Request Restrictions-** You have the right to request reasonable restrictions on the use or disclosure of your PHI, including uses and disclosures for treatment, payment, and operations. We are not obligated to honor your request however we will attempt to make reasonable accommodations. To request a restriction, please see the Office Manager for proper instructions.

**Right to Confidential Communications-** You have the right to request that we not contact you by phone, or not at your work location. We will accommodate your reasonable request. Please contact the Office Manager for proper instructions.

**Right to Inspect and Copy Your Protected Health Information-** With Some exceptions, you have the right to inspect or copy your PHI that exists in a designated record set, for as long as that information is in the possession of Sun Family Practice Associates. To inspect a copy of your PHI, please see the Office Manager for proper instructions.

Sun Family Practice may also use or disclose your PHI without your written permission in the following situations:

**To You-** We may disclose your PHI to you.

**Incidental to an Otherwise Permitted Use or Disclosure-** Accidental disclosures of your PHI that occur in the course of making an otherwise permitted use or disclosure are permitted as long as Sun Family Practice has taken appropriate safeguards to try to protect the confidentiality of your PHI, and has satisfied the requirements to use the minimum amount of PHI necessary for any permitted use or disclosure of your PHI.

**Appointment Reminders-** We may use or disclose your PHI to contact you to provide appointment reminders, information about treatment alternatives that may apply to you, and other health related services or benefits that may be of interest to you.

**Disclosure to Others Involved in Your Care-** PHI may be used or disclosed to family members or others designated by you as being involved in your care. This may include notifying such individuals who are waiting for you while you are being treated in our facility, or leaving telephone messages concerning your condition, your treatment, or your account on answering machines or with family members. Such disclosures will be limited to information necessary or to the extent of the person's involvement in your care. You have the right to object to such disclosure. Please notify the Office Manager if you object.

**Required by Law-** PHI may be used or disclose to the extent required by law such as for the purposes of reporting abuse or neglect, in response to a judicial or administrative proceeding, or as may be required for law enforcement purposes. Such disclosures will be limited to the minimum information required by law.

**Disaster Relief/Response-** We may disclose your PHI to a public or private entity that is authorized by law or by its charter to assist with disaster relief efforts.

**For Public Health Activities-** PHI may be used for public health activities such as: preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting necessary for the Food and Drug Administration, to notify someone who may have been exposed to a communicable disease, or reports to employees about work related injuries or work place surveillance.

**To Report Victims of Abuse, Neglect or Domestic Violence-** PHI may be used or disclosed to agencies authorized by law to receive reports about abuse, neglect, or domestic violence.

**For Health Oversight Activities-** PHI may be used or disclosed in response to an order of the court or administrative tribunal, subpoena, discovery request or other lawful process.

**For Law Enforcement-** In certain circumstances, PHI may be used or disclosed to law enforcement officials for law enforcement purposes.

**To Coroners or Funeral Directors-** PHI may be used or disclosed to organizations authorized in the procurement, banking or transplantation of cadaveric organs or tissue.

**Right to Receive an Accounting of Disclosures-** You have the right to receive an accounting of disclosures of your PHI that were made, with certain exceptions, within the six years prior to the date of request. If you would like to receive an accounting of disclosures, please see the Office Manager for proper instructions.

**Right to Receive Copies of This Notification of Privacy Practices-** You have the right to receive a paper copy of our most current Notice of Privacy Practices at any time. If you would like to receive a new copy, please ask the front desk.

**Your signature of acceptance will be required on your new patient forms.**

THANK YOU