



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 REVIEW IT CAREFULLY, WE ARE REQUIRED BY FEDERAL LAW TO PROVIDE YOU WITH THIS NOTICE.

If you have any questions about this Notice or about our privacy practices, please contact our Privacy Officer/Director, Health Information Service at 401-444-0400 Ext.3124.

This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and relates to your past, present, or future physical or mental health, and related care services (referred to as "PHI").

We are required to abide by the terms of this Notice which we may change from time to time. Any new Notice will be effective for all PHI that we maintain at that time. We will provide you with any revised Notice upon request from our Privacy Officer.

1.) USES AND DISCLOSURES OF PHI WITHOUT YOUR CONSENT FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.

PHI may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purposes of providing and paying for health care services to you. PHI may also be used and disclosed to support our health care operations. The following are examples of the types of uses and disclosures of PHI for these purposes.

TREATMENT: We may disclose PHI, as needed to other providers to whom we refer or in a medical emergency so that the treating practitioner has the information necessary to diagnose and treat you.

PAYMENT: We may disclose PHI as needed, to obtain payment from your health insurance plan (including Medicare and Medicaid), to determine eligibility or coverage for insurance benefits, and to undertake medical necessity and utilization review activities (e.g., obtaining approval for a hospital stay).

HEALTH CARE OPERATIONS: We may disclose PHI as needed, for certain business activities relating to our practice. These activities include, but are not limited to, quality assurance activities, underwriting, premium ratings and other activities relating to Plan coverage; training medical students who see you in our office, and employee review activities. We may also use a sign-in sheet at the registration desk and may call you by name in the waiting room when it is time to see you. We may use or disclose PHI, as necessary, to contact you to remind you of your appointment. We may also use or disclose PHI, as necessary, to inform you of treatment alternatives or other health related benefits and services that may be of interest to you. If use or disclosure of PHI is made for underwriting purposes, any such PHI that is genetic information of an individual is prohibited from being used or disclosed. You may contact our Privacy Officer to request if you do not want these materials sent to you.

We may also share PHI with certain businesses that perform various activities (e.g., billing, transcription services) for our practice. In these instances, we will have a written contract in place to protect the privacy of PHI.

2.) OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT:

We may contract with other individuals or entities to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, these individuals will receive, create, maintain, use and/or disclose a participant's protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding a participant's protected health information. For example, we may disclose a participant's protected health information to a third party to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the third party enters into an agreement with us.

We may also use or disclose PHI in the following situations without your consent, as required by and in accordance with the law.

Public Health and Oversight Agencies: We may disclose PHI to the Rhode Island Department of Health ("DOH") and other public health authorities for the purpose of controlling disease, reports of child abuse or neglect, victim of abuse, neglect, domestic violence or to prevent a serious threat to a patients, or public health and safety.

We may also use or disclose PHI to a duly authorized public or private entity to assist in disaster relief efforts, health oversight agency, (e.g., the Rhode Island Board of Medical Licensure and Discipline and DOH for activities authorized by law), such as licensure of health care professionals, investigation, and inspections.

Communicable Diseases: We may disclose PHI to a person who may have been exposed by you to a communicable disease.

Food and Drug Administration ("FDA"): We may disclose PHI to the FDA to report adverse reactions to medications, product defects, and other information, required by and subject to the jurisdiction of the FDA.

Legal Proceedings: We may disclose PHI in the course of any legal proceeding, in response to a court order or, in certain instances, in response to a subpoena so long as you have been duly notified or attempts to notify you have been made according to the law.

Law Enforcement: We may also disclose PHI to law enforcement authorities, so long as all applicable legal requirements are met e.g. court order, subpoena, warrant, summons etc.

Medical Examiner: We may disclose PHI to a medical examiner, (e.g., for identification purposes) or determining cause of death.

Criminal Activity: We may disclose PHI, if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Worker's Compensation: We may disclose PHI to comply with worker's compensation laws and other similar programs.

Research: We may disclose a participant's protected health information to researchers when; the PHI identifiers have been removed; to ensure the privacy of the requested information.

Required Uses and Disclosures: (1) Under the law, we must make disclosures to you and to the Secretary of the United States Department of Health and Human Services ("Secretary") to investigate or determine our compliance with the HIPAA privacy rule, (2) Upon request; we are required to disclose your PHI to you regarding your healthcare benefits (3) Your right and choice to tell us who to share your information e.g. family, friends, or others involved in payment for your care and in disaster relief situation

Fundraising and Marketing: We will notify with the option of opting-out of receiving communications of our intent to disclose your protected health information for fundraising efforts. Additionally, we will not use and disclose your PHI for marketing and disclosures that constitute a sale of your PHI without your authorization.

3.) YOUR RIGHTS.

This section of the Notice describes your rights with respect to PHI and a brief description of how you may exercise these rights. Please contact our Privacy Officer with any questions or to assert any of your rights.

a.) You have the right to access/ inspect and copy PHI as long as we maintain it. You must submit written request for copy of your PHI; we will not use or disclose your psychotherapy notes without your written authorization. Additionally, you have the right to request electronic copies of your PHI; we may charge a reasonable fee for the cost of copying or labor and mailing. There are a few exceptions, however, such as copying of psychotherapy notes, any information compiled in anticipation of a lawsuit or other proceeding or as laws specifically prohibit your access to PHI. Decisions to deny access or inspection of your PHI may be reviewed depending on the circumstances.

b.) You have the right to restrict disclosures of PHI. You may ask us not to use or disclose portions of PHI for the purposes of treatment, payment, or healthcare operations. You may also request that portions of PHI not be disclosed to family or friends who may be involved in your care (upon your consent or as otherwise authorized) or to notify them about your medical condition. Your request must state the specific restrictions requested and to whom you want the restrictions to apply. Additionally, you have the right to restrict disclosures of your PHI to your health plan if you paid for the health care services out-of-pocket.

We are not required to agree to a restriction that you may request, if we believe it is in your best interest to permit use and disclosure of PHI. If we agree to the requested restriction, we will not use or disclose PHI in violation of that restriction unless it is needed to provide emergency treatment.

c.) You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate all reasonable requests and we will not request an explanation from you as to the basis for the request. Additionally, your request must be in writing.

d.) You have the right to request an amendment for as long the information is kept by us. In certain cases, we may deny your request because we believe that the PHI is accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us which we will consider. We may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal.

e.) You have the right to request an "accounting" of certain disclosures of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations, and to any disclosures that you may have authorized. It excludes disclosures prior to April 14, 2003 and disclosures we may have made to you, family members, or friends involved in your care. The right to receive this accounting is subject to certain exceptions and restrictions.

f.) You have the right to Receive Notification of a Breach. We will notify you of any breach of your protected health information. Such notice will be provided to you within sixty (60) days of the breach being identified.

g.) You have the right to Choose Someone to Act for You. You have the right to appoint a personal representative to act on your behalf with respect to your PHI, such as if you have given someone a medical power of attorney or if someone is your legal guardian.

h.) You have the right to obtain a paper copy of this Notice. You may ask us to give you a copy of this notice at any time, even if you have agreed to accept this notice electronically.

You may obtain a copy of this notice at our website, www.providencechc.org.

4.) USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION.

Other uses and disclosures of PHI will be made only with your written authorization. You may revoke this authorization at any time in writing, except to the extent that we have taken action in reliance on the use or disclosure indicated in the authorization, or disclosure is otherwise permitted or required by law.

5.) COMPLAINTS.

You may file a complaint with us and/or the Office for Civil Rights if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complain. You may contact our **Privacy Officer/Director, Health Information Service at 401-444-0400 Ext.3124**. Please be assured that we will not retaliate against you, in any way, for filing a complaint. We would appreciate your advising us of any of your concerns first that we may address them.