



TruCare Internal Medicine & Infectious Diseases

Trucare Internal Medicine and Infectious Disease Notice of Privacy Practices

This notice contains important information about our privacy policy based on the Health Insurance Portability and Accountability Act of 1996, Act 148, and related regulations. This notice describes how your Protected Health Information may be used and disclosed and indicates how you get access to this information. Please review carefully.

OUR COMMITMENT TO YOUR PRIVACY

Summary

1. We are dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding the treatment and services we provide to you.
2. Your medical records are the property of Trucare Internal Medicine and Infectious Disease. However, we are required by law to:
 - a. Maintain the confidentiality of your medical information.
 - b. Provide you with this notice of our privacy practices.
 - c. Follow the terms of our notice of privacy practices in effect at the time.
3. This notice provides you with the following important information;
 - a. How we may use and disclose your medical information.
 - b. Your privacy rights regarding your medical information; and
 - c. Our obligations concerning the use and disclosure of your medical information.

Terms

The terms of this notice apply to all records containing your medical information that are created or retained by Trucare Internal Medicine and Infectious Disease. We reserve the right to revise, change, or amend our notice of privacy practices. Any revision of privacy policy will apply to all medical information we manage or maintain. You may request a copy of our most current notice if privacy at any time.

How we may disclose your information

The following are ways we may use and disclose your Protected Health Information. Please note that each use or disclosure is not necessarily listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the listed categories.

Treatment

Coordination or management of your health care with a third party that has obtained permission to have access to your protected health information. A home health referral, an outside specialist referral or an off-site lab are some examples of treatments.

Payment

We may use and disclose medical information in order to bill and collect for services rendered, and for prior authorizations.

Health Care Operations

We may use and disclose medical information to operate our business. Example, patient satisfaction survey, business associates such as billing services or transcription.

Appointment reminders

Our organization may use and disclose your protected health information to remind you that you have an upcoming appointment.



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Disclosure

We shall only disclose protected health information as permitted by law or with your permission. In addition, we make every effort to prevent unintentional disclosure although the regulations consider such disclosure legal. These parties which your information is shared, are required to keep your protected health information confidential, as provided by law.

1. Administration of health benefits policies or contracts which may involve claims payment and management, utilization review and management; medical necessity review; coordination of care and benefits.
2. Quality assessment and improvement activities, such as peer review and credentialing of participating providers, program development and accreditation.
3. Performance measurement and outcomes assessment and health claims analysis
4. Data and information systems management; and
5. Performing regulatory authorities, responding to government agency or court subpoenas as required by law, reporting suspected or actual fraud or other criminal activity; conducting litigation, arbitration and performing third-party liability, subrogation and related activities.

Others involved in Your Healthcare

With your consent, we may disclose your protected health information to a family member, close friend or any other person that you identify. If you are unable to object or agree to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies

We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers

We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgement, that you intend to consent to use or disclosure under the circumstances.

Treatment Alternatives/Health-Related

We may use and disclose your medical information to inform you of treatment alternatives and /or health-related benefits and services that may be of interest to you.

Other Permitted or Requires Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law

We will use or disclose medical information about you when required by applicable law.



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Public Health Activities

Our organization may disclose your medical information for public health activities, including;

1. To prevent or control disease, injury or disability;
2. To maintain vital records, such as births and deaths;
3. To report child abuse or neglect;
4. To notify a person regarding potential exposure to communicable disease;
5. To notify a person regarding a potential risk for spreading or contracting a disease or condition;
6. To report reactions to drugs or problems with products or devices;
7. To contact public health surveillance, investigation or intervention;
8. To notify individuals if a product or device they may be using has been recalled;
9. To notify appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient including domestic violence; however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and
10. To notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Abuse, Neglect and Domestic Violence

We may disclose your medical information to a government authority if we believe you are a victim of abuse, neglect, or domestic violence. If we make such a disclosure, we will inform you of it, unless we think informing you places you at risk of serious harm or if we were to inform your personal representative, is otherwise not in your best interest.

Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight Activities

We may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs and compliance with civil rights law.

Law Enforcement

We may release medical information if asked to do so by law enforcement officials:

1. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement per state law;
2. Concerning a death, we believe might have resulted from criminal conduct.
3. Regarding criminal conduct at our practice.
4. In response to a warrant, summons, court order, subpoena or similar legal process;
5. To identify/locate a suspect, material witness, fugitive, or missing person; and
6. In an emergency, to report a crime (including the locating or victim(s) of the crime, or the description, identity or location of the perpetrator.

Coroners, Medical Examiners, and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about our patients to funeral directors as necessary to carry out the duties.



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Organ and Tissue Donation

We may use or disclose your medical information to organizations that handle organ and tissue procurement, banking or transplantation.

Serious Threats to Health and Safety

We may use or disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent threat.

Specialized Government Functions

We may disclose your medical information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, we may disclose your medical information to federal and/or local officials for intelligence and national security activities authorized by law. We may also disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state or to conduct investigations.

Furthermore, we may disclose your medical information 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 be necessary:

1. For the institution to provide health care services to you;
2. For safety and security of the institution; and
3. To protect your health and safety or the health and safety of other individuals.

Workman's Compensation or Disability Claims

We may release your medical information for your workers' compensation and disability claims and similar program to appropriate agencies.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that we maintain about you.

Requesting Restrictions

When requested in writing, you have the right to request a restriction in your medical information for treatment, payment or healthcare operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care. 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. In order to request a restriction in our use and disclosure of your medical information you must make your request to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You need not give a reason for your request.

Confidential Communications

You have the right to request that we communicate with you about your health and related issues in a particular manner, or at a certain location.

Inspection and Copies

You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing in order to obtain a copy of your medical information. In accordance with state law, we may charge a fee. In accordance with law and our best judgement, we may deny your request to inspect and /or copy your medical information in certain limited circumstances; however, you may request a review of our denial.



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Amendment

You may ask to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our Practice. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request and the reason supporting your request in writing. Also, we may deny your request if the amendment would violate any law or statute or if you ask us to amend information that is:

1. Accurate and complete;
2. Was not created by us; or
3. If the individual who created the information is no longer an employee of our practice.

Accounting of Disclosures

An accounting of disclosures is a list of certain disclosures we have made of your medical information that you did not specifically authorize. You have the right to request a copy of our accounting of disclosures for your medical information. Your request must be made in writing. All requests for an accounting of disclosures must state a time period that may be no longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge. A charge for subsequent requests in the same 12-month period will be imposed in accordance with state law.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of our Notice of Privacy Practices. To obtain a copy of this notice, ask any member of our staff.

Right to File a Complaint

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

Right to Provide an Authorization for other Uses and Disclosures

We shall make a good faith effort to obtain your written authorization for uses and disclosures that are not identified by this policy or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing by sending a written, signed and dated request to the Privacy Officer. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.

Opt-Out

The U.S. Centers for Disease Control and Prevention (CDC) now recommends **testing** all health care patients for **HIV**—regardless of their reported risk behaviors—using an “**opt-out**” **approach in** which patients are informed that an **HIV test** will be conducted unless they explicitly decline to be **tested**.