



## NOTICE OF PRIVACY PRACTICES

This notice tells you how we make use of your health information at Physician Housecalls, how we might disclose your health information to others, and how you can access the same information. It is being provided to you pursuant to the regulations of the Health Insurance Portability and Accountability Act (HIPAA).

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a **legal responsibility** under the laws of the United States and the State of Oklahoma to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This notice took effect on October 18<sup>th</sup>, 2011 and will be in effect until we replace it.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will affect how we protect the privacy of your health information. This includes health information we will receive about you or that we create at Physician Housecalls. These changes could also affect how we protect the privacy of any of your health information we had before the changes.

When we make any of these changes, we will also change this notice and give you a copy of the new notice.

When you are finished reading this notice, you will be given a copy of it at no charge to you. If you request a copy of this notice at any time in the future, we will give you a copy at no charge to you.

If you have any questions or concerns about the material in this document, please ask us for assistance which we will provide at no charge to you.

### **Here are some examples of how we use and disclose information about your health information.**

We may use or disclose your health information:

1. To anyone for whom you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only affect your health information from that point on.
3. To anyone on our staff involved in management of your care.
4. To any person required by federal, state, or local laws to have lawful access to your plan of care.
5. To receive payment from a third party payer for services we provide for you.
6. To staff of Physician Housecalls in connection with our business operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting incentive markers, and in connection with licensing, credentialing, or certification activities.
7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects your health information that are necessary to respond to the emergency.
8. To law officers or child protection personnel, in accordance with such situations as are detailed in Oklahoma Statutes. Health care providers are required by law to report or cause to be reported the threat of homicide or suicide and threat of serious harm to self or others.
9. To officers of the court, when mandated by subpoena or other court order. We will not use your health information in any of our marketing, development, public relations, or related activities without your written authorization.

**10. Please note that communication with other health care providers, staff of Physician Housecalls, staff of your residential community, family members and other designated persons involved in your care may occur via secure voice message, encrypted email, and other methods not listed here to coordinate your care.**

**As a patient of Physician Housecalls you have these important rights:**

- A. You have a right to a copy of this notice at no charge.
- B. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use. This inspection will occur in the presence of your provider or designated person. Information provided for inspection will be subject to the clinical judgment of your Physician Housecalls provider or designated person, pursuant to CRS 25-1-802.
- C. Pursuant to CRS 25-1-802, you have the right to a written summary of your clinical records.
- D. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location. Your written request must specify the alternative means and location.
- E. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.
- F. You can make a written request that we amend the information in part “B” above.
- G. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing.
- H. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.
- I. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment, or our operations.
- J. If you request the accounting in “I” above more than once in a 12 month period, we may charge you a fee based on our actual costs of tabulating these disclosures.
- K. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice you may file a complaint with us in writing to the following person:

HIPPA Compliance Office: Cindy Longanacre  
Telephone: 405.896.8058  
Fax: 855.223.1999  
Address: 304 S 29<sup>th</sup> Chickasha OK 73018

L. You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with that address upon written request.

Physician Housecalls  
304 S 29<sup>th</sup> St  
Chickasha OK 73018