

## NMOP HIPAA Policy

The Health Insurance Portability & Accountability Act of 1996 “HIPAA” is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

**Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be sharing your medical information with another physician for consultation or referral.

**Payment** means such activities as obtaining reimbursement for services. Confirming coverage, billing or collection activities. An example of this would be sending a bill for your visit to your insurance company for payment.

**Health Care Operations** includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management, analysis, and customer service. An example would be an internal quality assessment review.

**Appointment Reminders:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

We may disclose your medical information to people who will be taking care of you or helping to pay your medical bills, such as family members or close friends. NMOP will only disclose medical information that these people need to know. We may also use your medical information to let your family members or other responsible people know where you are and what your general medical condition is. If you can make your own health care decisions, NMOP will ask for your permission before using your medical information for these purposes. If you are unable to make healthcare decisions, NMOP will disclose relevant medical information to family members or to other responsible people if we feel it is in your best interest to do so.

In an emergency, NMOP may disclose your medical information to government or other groups that assist in emergencies or disasters.

We may also disclose or use your information without your consent in the following cases: when required by law; for public health activities; relating to victims of abuse/neglect/domestic violence. If required by law and/or if you agree; for health oversight activities; for judicial or administrative proceedings to the extent permitted by law; for law enforcement purposes, as permitted or required by law; to coroners/medical examiners/funeral directors, as permitted by law; for organ donation purposes; for research purposes under certain circumstances; to avert a serious threat to health or safety; for certain specialized government functions, such as military discharge, and national security and intelligence; and for worker’s compensation purposes.

Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing as we are required to honor and abide by that written request, except to that extent that we have already taken actions relying on your authorization.

You have the following rights with respect to protected health information, which you can exercise by presenting a written request.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other personal identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternate means.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures or protected health information.
- The right to obtain a paper copy of this notice upon request.

The effective date of this Notice is April 14, 2003. NMOP is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We reserve the right to change the terms of our Notice of Privacy Practices and to make new notice provisions effective for all protected health information maintained by NMOP. Of the terms of this Notice are changed, NMOP will provide individuals with a revised notice upon request and by posting the revised notice in designated locations at NMOP.

If you feel your privacy rights have been violated, you have the right to file a written complaint with our office, or with the Health and Human Services. Filing a complaint will not affect the quality of services you receive from NMOP and you will not be retaliated against for filing a complaint.

**HIPAA Hotline:** (866) 627-7748

**Email** questions to: [askhipaa@cms.hhs.gov](mailto:askhipaa@cms.hhs.gov)