



Notice of Privacy Practices for Protected Health Information

Original Effective Date: August 30, 2018

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. Duke City Primary Care. (DCPC) is permitted by federal privacy laws to make uses and disclosures of your Protected Health Information (PHI) for purposes of treatment, payment, and other healthcare operations. The terms "we" and "our" is defined to include all employees of this practice and any providers identified for services in conjunction with DCPC.

→ Protected health information (PHI) is the information we collect and obtain to provide medical services. Information may include but is not limited to;

- Diagnosis,
- Treatments,
- Results of tests performed from present and past visits for future medical determinations.

→ Examples of uses of your health information for treatment purposes are:

- The clinic will use and disclose your PHI in coordination and management of your health care and any related medical services.
- A sign in sheet will be used and visible to other patients, staff and those who enter the clinic. The use of the sign in sheet will be strictly for business related practices.

◦ PHI will be used for coordination and management of your medical needs with a third party provider, for reason of treatment for continued medical care. In some cases, we may also disclose information to an outside treatment provider for purposes of the treatment activities of the other provider (for example, disclosing PHI to a pharmacy to fill a prescription or to obtain results of a lab test not available on site).

→ Examples of use of your health information for payment purposes:

◦ Your PHI will be used as needed to obtain payment for all services rendered and/or required. This includes any communications between payer sources and the practice (for example, services may require prior authorization for services, insurance payer would be contacted to obtain information regarding benefits, eligibility and medical necessity).

→ Examples of reasons for public interest and benefit activates permitted (not required in recognition of the important uses made of PHI outside of healthcare context with specific conditions and limitations, refer to HHS.gov for more information) to disclose PHI without an individual's authorization by federal regulations include:

◦ **Public health authorities** are authorized by law to collect or receive information or controlling disease, injury, or disability and to release to public health or other government authorities authorized to receive reports of child abuse and neglect;

◦ **FDA regulation** regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post marketing surveillance.

◦ **Individuals** who may have contracted or been exposed to a communicable disease when notification is authorized by law;

◦ **Employers**, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance.

◦ **Victims of Abuse, Neglect, or Domestic Violence.** In certain circumstances, regulations require disclosure of PHI to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

◦ **Health Oversight Activities** may require PHI to be disclosed for the purpose of legally authorized audits and investigation necessary for oversight of the health care system and government benefit programs, by such agencies as assigned by the government.

◦ **Judicial and Administrative Proceedings** may require the disclosure of PHI through an order from a court or administrative tribunal. This may be in response to a subpoena or other lawful process.

◦ **Law Enforcement Purposes** may require PHI to be disclosed to law enforcement officials for law enforcement purposes under the following six circumstances and subject to specified conditions:

- as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- in response to a law enforcement official's request for information about a victim or suspected victim of a crime;
- to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death;
- when a covered entity believes that PHI is evidence of a crime that occurred on its premises, and
- by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

→ the health and billing records we maintain are the physical property of the practice, however; the information is available to you. You have the following rights;

- To review and obtain a copy of your PHI in your medical record. (A fee may be charged for copying and/or printing medical records as permitted by law).
- To request that DCPC restricts use or disclosure of PHI for treatment, payment or health care operations, disclosure to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death.
- To request an amendment of your PHI in your medical record when the information is inaccurate or incomplete.
- To disclose all accounts of your PHI by DCPC or other medical providers or entities.

→ DCPC Responsibilities are as follows:

- We are required to maintain the privacy of your health information and to provide you with the notice of our duties and privacy practices.
- We are required to abide by terms of this notice and to make the new notice provisions effective for all future PHI that we maintain. DCPC reserves the right up update, change, or amend this policy. If we change the notice, we will provide a copy to any persons with such request by means of in person or via email and the update will be posted in our waiting area.
- As a health care provider, we will in good faith make an effort to obtain written acknowledgment of your receipt of the privacy practices notice provided to you.

For More Information

→ If you have any questions or concerns regarding this Notice of Privacy Practices or feel your rights have been violated, contact the HIPAA Privacy Officer of DCPC at: 12127 B State Hwy 14 N Suite 5 Cedar Crest, NM 87008 during business hours or contact (505) 281-5180.

→ You may also file a written complaint to the US Dept. of Health and Human Services, Office for Civil Rights at 1301 Young Street Suite 1169 Dallas, Texas 75202.

→ You will not be retaliated against or penalized for any complaints filed against or any issues brought to the attention of the practice.