

## HIPAA Notice of Privacy Practices

Effective: September 23, 2013

### **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.**

This Notice of Privacy Practices describes how EEOC may use and disclose your protected health information to carry out treatment, payment, and 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 that relates to your past, present, or future physical or mental health condition and related health care services. This Notice of Privacy Practices is NOT an authorization.

#### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by us for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use permitted or required by law.

**Treatment:** EEOC will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** EEOC may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, EEOC may disclose your protected health information to medical school students that see patients at our office. In addition, EEOC may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. EEOC may also call you by name in the waiting room when your physician is ready to see you. EEOC may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. If EEOC was to use or disclose your protected health information for fundraising activities, EEOC will provide you the choice to opt out of those activities. You may also choose to opt back in.

**Public Health, Abuse or Neglect, and Health Oversight:** We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection by a public health authority of information about disease and/or vital statistics (like births and death). We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Oklahoma law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled. We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

**Legal Proceedings and Law Enforcement:** We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is released pursuant to legal process, such as a warrant or subpoena;
- Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and we are unable to obtain the person's agreement;
- Is released because of a crime that has occurred on these premises; or
- Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

**Workers' Compensation:** We may disclose your medical information as required by the Oklahoma workers' compensation law.

**Inmates:** If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

**Military, National Security and Intelligence Activities, Protection of the President:** We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

**Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors:** When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his or her duties.

**Required by Law:** We may release your medical information where the disclosure is required by law.

**Other Uses and Disclosures** not described in this Notice of Privacy Practices will be made only with your authorization. For example, without your authorization, EEOC is expressly prohibited to use or disclose your protected health information for marketing purposes. Additionally, EEOC may not sell your protected health information without your authorization. EEOC may not use or disclose most psychotherapy notes contained in your protected health information. EEOC will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

You may revoke the authorization, at any time, in writing, except to the extent we have taken an action in reliance on the use or disclosure indicated in the authorization.

## **YOUR RIGHTS**

The following are statements of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information (fees may apply)** – Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, we may deny your request to inspect or copy certain types of records, including: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

**You have the right to request a restriction of your protected health information** – This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your requested restriction except if you request that we not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

**You have the right to request to receive confidential communications** – You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You have the right to request an amendment to your protected health information** – If EEOC denies your request for amendment, you have the right to file a statement of disagreement with EEOC and EEOC may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures** – You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

**You have the right to receive notice of a breach** – EEOC will notify you if there is a breach involving your protected health information.

You have the right to obtain a paper copy of this notice from EEOC even if you have agreed to receive the notice electronically. EEOC reserves the right to change the terms of this notice and we will notify you of such changes on the following appointment. EEOC will also make available copies of our new notice if you wish to obtain one.

## **COMPLAINTS**

You may complain to EEOC'S privacy officer 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 with EEOC by notifying our Compliance Officer of your complaint. **We will not retaliate against you for filing a complaint.**

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**We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer by phone at 918-494-9300 EEOC's main phone number or by mail at 6475 S. Yale Ave Suite 301 Tulsa OK 74136.**