



# CINCINNATI ENDOCRINE CLINIC

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This form does not constitute legal advice and is for educational purposes only. This form is based on current federal law and subject to change based on changes in federal law or subsequent interpretative guidance. This form is based on federal law and must be modified to reflect state law where that state law is more stringent than the federal law or other state law exceptions apply.

## **The Cincinnati Endocrine Clinic, LLC** **NOTICE OF PRIVACY PRACTICES**

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. If you have any questions about this Notice please contact our Privacy Officer

### **WHO WILL FOLLOW THIS NOTICE?**

- √ **Physician**
- √ **All Clinic employees**

**The Cincinnati Endocrine Clinic** understands that medical information about you and your health is personal and we are committed to protecting this information. Each time you visit the Clinic a record of the care and services you receive is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, plan for future care or treatment, and billing record. This record serves as a :

- Basis for planning your care and treatment;
- Means of communication among the many health care professionals who contribute to your care;
- Means by which you or a third party administrator can verify that services billed were actually provided;
- Tool for educating health professionals;
- Source of information for public health officials; and
- Tool for assessing and continually working to improve the care rendered.

This notice applies to all of your records of your care generated by your Physician.

### **Our responsibilities:**

The Cincinnati Endocrine Clinic shall:

- Make every effort to maintain the privacy of your health information
- Provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

The following categories describe different ways we may use and disclose your medical information the examples provided serve only as a guidance and do not include every possible use or disclosure.

## **1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of The Cincinnati Endocrine Clinic, LLC.

Following are examples of the types of uses and disclosures of your protected health information that The Cincinnati Endocrine Clinic, LLC is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We 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 another provider. We will also disclose protected health information to other physicians who may be treating you. 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. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (*e.g.*, a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These uses and disclosures are necessary to run the Cincinnati Endocrine Clinic, LLC in an efficient manner and ensure all patients receive quality care. For example, your medical records and health information may be used in the evaluation of health care services, and the appropriateness and quality of health care treatment. In addition, medical records are audits for timely documentation and correct billing.

### **Appointment reminders:**

We may use and disclose medical information in order to remind you of your appointment. For example, The Cincinnati Endocrine Clinic may provide a written or telephone reminder that your next appointment with the Clinic is coming up.

### **Schools**

We may disclose immunizations to schools which are required to obtain proof of immunization prior to admitting the student – so long as we have you and/or your legal representative's "informed agreement" to disclose.

### **Notification of Breach of Protected Health Information (PHI)**

We are obligated by law to notify you if there has been a breach of your protected health information (PHI) has been released in an inappropriate manner. We are obligated to report this to you unless, after completing a risk analysis applying the following four factors, it is determined, that there is a "low probability of protected health information compromise."

- the nature and extent of the PHI involved –issues to be considered include the sensitivity of the information from a financial or clinical perspective and the likelihood the information can be re-identified;
- the person who obtained the unauthorized access and whether that person has an independent obligation to protect the confidentiality of the information;
- whether the PHI was actually acquired or accessed, determined after conducting a forensic analysis; and
- the extent to which the risk has been mitigated, such as by obtaining a signed confidentiality agreement from the recipient

## **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object**

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**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:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

### **Decedents**

We may disclose protected health information to a deceased's family and/or friends when these individuals were involved in providing care or payment for care of the deceased patient and provided that we were not made aware of any preference otherwise by the patient while he/she was still alive.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

## **2. YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records. As permitted by federal laws, you have a right to request that your protected health information be also e-mailed to you if you request, so long as you recognize the risk in using unencrypted e-mail.

The Clinic uses an electronic medical record (EMR) system to store all patients' protected health information. This EMR is HIPAA compliant and does grant the patient limited access to their medical record. You have a right to gain access to your protected health information in the EMR we use.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**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 health care 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.

The Cincinnati Endocrine Clinic is not required to agree to a restriction that you may request. If the Clinic does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the Clinic. To request restriction you must make your request in writing to the Cincinnati Endocrine Clinic. In your request you may indicate: (1) what information you want to limit; (2) whether you want to limit the Cincinnati Endocrine Clinic's use and/or disclosure; (3) to whom you want to limit to apply. For example, you may not want to disclosures to be made to your spouse.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to not disclose information about your care to health insurance plans.** This circumstance only relates to patients who have paid “out of pocket” for health care costs. The only exception to this right occurs when the revealing of treatment purposes is required by law. If you have paid for care “out of pocket” and do not wish to disclose this to health insurance companies, this must be put in writing with your signature.

**You have the right not to have your information disclosed to a third-party's product or service.** We will not send your health information to a third-party vendor for the purposes of marketing communications without your written consent.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**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 electronically.

### **3. COMPLAINTS**

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 with us by notifying our Privacy Officer of your complaint within 180 days of when you knew or should have known that the act occurred. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Kenneth Harrington at (513)-898-9448 for further information about the complaint process. This notice was published and becomes effective on September 1, 2015. Form Version (9/1/2015)