

IMC Health Information Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your health history, symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

This information, often referred to as your health or medical record, serves as a:

- 1) basis for planning your care and treatment
- 2) means of communication among the many health professionals who contribute to your care
- 3) legal document describing the care you received
- 4) means by which you or a third-party payer can verify that services billed were actually provided
- 5) a tool in educating health professionals
- 6) a source of data for medical research
- 7) a source of information for public health officials charged with improving the health of the nation
- 8) a source of data for facility planning and marketing
- 9) a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- 1) ensure its accuracy
- 2) better understand who, what, when, where, and why others may access your health information
- 3) make more informed decisions when authorizing disclosure to others
- 4) better understand the health information rights detailed below

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have certain rights with regard to the information contained therein. You have the right to:

1. Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. The uses and disclosures you have this right with regard to are uses and disclosures for your treatment, payment for your treatment, and health care operations. "Healthcare operations" consist of activities that are necessary to carry out our operations, such as quality assurance (reviewing your records to ensure you received good care) and peer review (reviewing your records to ensure that our physicians and other caregivers performed properly). This right to request restriction does not extend to disclosures we make to you, for facility directories (but note you have a right to object to such uses), and to uses and disclosures that do not require your consent or authorization, such as mandatory reporting requirements. Note that we do not have to agree to your requested restriction. If we do agree, however, we adhere to it, unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the request. See page three for how to request these restrictions.
2. Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
3. Obtain a paper copy of the notice of information practices.
4. Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access.

You do not have a right of access to the following:

- a. Psychotherapy notes. Such notes comprise those that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
- b. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.

- c. Protected health information (“PHI”) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that the provision of access to the individual would be prohibited by law.
- d. Information was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access but, if we do, we must provide you with a review of the decision denying access. These “reviewable” grounds for denial include:

- a. A licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- b. Your health information makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- c. The request is made by your personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provider of access to such personal representative is reasonably likely to cause substantial harm to you or another person.
- d. For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.
- e. If we grant access, we will tell you what you have to do to get access.
- f. We can charge you a reasonable cost-based fee for copies.

5. Request that we amend your health record as provided in 45 CFR 164.528. We do not have to grant the request if:

- a. We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know if it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
- b. The records are not available to you as discussed immediately above.
- c. The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

6. Obtain an accounting of non-routine (other than for treatment, payment, or health care operations) disclosures of your health information as provided in 45 CFR 164.528.

We do not need to provide an accounting for/to:

- a. Disclosures of protected health information to you.
- b. The facility directory or to persons involved in the your care or for other notification purposes as provided in § 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of the your location, general condition, or death).
- c. National security or intelligence purposes under § 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object).
- d. To correctional institutions or law enforcement officials under § 164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).
- e. Disclosures that occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include:

- a. Date of each disclosure.
- b. Name and address of the organization or person who received the protected health information.
- c. Brief description of the information disclosed.

- d. Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization, or a copy of the written request for disclosure.
- e. The first accounting in any 12 month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

Our Responsibilities

This organization is required to:

1. Maintain the privacy of your health information, including implementing reasonable and appropriate safeguards to protect the information.
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Train our personnel concerning privacy and confidentiality.
5. Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
6. Mitigate (lessen) the harm of any breach of confidentiality.
7. Notify you if we are unable to agree to a requested restriction
8. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your consent (for uses and disclosures for treatment, payment, and healthcare operations) or authorization (for all other uses and disclosures), except as described in this notice.

For More Information or to Report a Problem

If you wish to place any restrictions on this IMC Health Information Policy you must make your request in writing. You may submit a request at any time. IMC will review your request and respond within 30 days. If you have questions you may contact our Clinic Director, Skip Jirrels, at 707-284-9200.

If you believe your privacy rights have been violated, you can file a complaint with the Clinic Director or the Medical Director. There will be no retaliation for filing a Complaint.

Please send all correspondence to:

Ellen Barnett, MD
Integrative Medical Clinic of Santa Rosa
175 Concourse Boulevard
Santa Rosa, California 95403

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this facility.

We will use your health information for payment.

For example:

A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example:

Members of the medical staff team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition, unless you object.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose 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 health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders, information about treatment alternatives, educational classes and seminars, or other health-related benefits and services that may be of interest to you unless you object.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Health oversight agencies and public health authorities: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

The Federal Department of Health and Human Services ("HHS"): Under the federal privacy standards, we must disclose your information to HHS as necessary for them to determine our compliance with those standards.