

# Notice of Privacy Practices



*Effective Date: August 1, 2007*

**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 Official at (402) 328-2021.**

The Physician Network of providers and clinics is required by law to maintain the privacy of your health information, give you notice of our legal duties and privacy practices with respect to your health information, and follow the terms of this Notice. This Notice applies to all of your health records generated by The Physician Network, whether made by our personnel or your personal physician.

This Notice will tell you about the ways in which we may use and disclose your health information at The Physician Network clinics and with other entities. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

## **Definitions**

**Notice of Privacy Practices (The Notice)** – a written notice, in compliance with the requirements of HIPAA, provided by The Physician Network to a patient or patient representative at the first delivery of service, or at the patient's next visit following a revision to the Notice, that describes the uses and disclosures of protected health information that may be made by The Physician Network and the patient's rights and The Physician Network legal duties with respect to protected health information.

**Protected Health Information (PHI)** – individually identifiable health information that is transmitted or maintained in any form or medium, including electronic media. Protected health information does not include employment records held by The Physician Network in its role as an employer.

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

The Physician Network workforce, including, but not limited to: physicians, non-physician providers, nursing staff, employed associates, volunteers, and contracted agents.

## **THIS NOTICE DOES NOT APPLY TO THE FOLLOWING NON-COVERED FUNCTIONS:**

Employee Health Services provided by The Physician Network Health Clinic; Occupational Health services rendered by The Physician Network's Company Care clinic; and various community health services including wellness fairs and blood pressure checks.

## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:**

**For Treatment.** We will use your health information to provide you with health care treatment and to coordinate or manage services with other health care providers, including third parties.

We may disclose all or any portion of your health information to your physician(s), nurses, technicians, medical students, or other health care personnel who have a legitimate need for such information in order to take care of you. Different areas of The Physician Network will share your health information in order to coordinate the health care services you need, such as prescriptions, lab work, and x-rays. We may disclose your health information to family members or friends, guardians or personal representatives (i.e. persons you identify as next of kin) who are involved with your medical care. We may also use and disclose your health information to contact you for appointment reminders, and to provide you with information about possible treatment options or alternatives, and other health-related benefits and services. We also may disclose your health information to people outside of The Physician Network who may be involved in your health care, such as other physicians involved in your care, general hospitals, specialty hospitals, skilled nursing care facilities, and other health care related services.

**For Payment.** We will use and disclose your health information for activities that are necessary to receive payment for our services, such as determining insurance coverage, billing, payment and collection, claims management, and medical data processing. For example, we may tell your health plan about a treatment you are planning in order to receive approval or to determine whether your plan will cover the proposed treatment. We may disclose your health information to other health care providers so they can receive payment for health care services that they provided to you, such as ambulance services. We may also give information to other third parties or individuals who are responsible for payment for your health care.

**For Health Care Operations.** We may disclose your health information for routine clinic operations, such as business planning and development, quality review of services provided, internal auditing, accreditation, certification, licensing or credentialing activities, medical research and education for staff and students, and to other health care entities that have a relationship with you and need the information for operational purposes.

**Fundraising Activities.** We may use your health information, or disclose your health information to a foundation related to us for The Physician Network fundraising efforts. These funds would be used to expand and improve the services and programs we provide to the community. We would only release information such as your name, address and phone number and the dates that you received treatment or services from us. If you do not want us to contact you for fundraising efforts, you must notify the Chief Development Officer (Foundation office) at (402) 219-7052 stating that you do not want to receive the information. For assistance with this process, please contact the Foundation office.

**Research.** We may use and disclose your health information to researchers either when you authorize the use of your health information or when the The Physician Network Privacy Board approves the research study and the use of your health information.

**Organ and Tissue Donation.** If you are an organ donor, we may release your health information to organizations that handle organ procurement and transplantation or to an organ donation bank.

**Identification.** We may request to take a photograph or copy an existing photo ID for identification purposes. The Physician Network will retain any photographic images in a secure manner to protect the privacy of the individual. We also retain the right of ownership of these images but will allow access to view or obtain copies as requested. Photographs for identification purposes

do not include the use of photographic images for other purposes such as teaching or publicity. A separate consent form will be used for such purposes.

## **USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW:**

**Subject to requirements of federal, state and local laws, we are either required or permitted to report your health information for various purposes. Some of these reporting requirements include:**

**Public Health Activities.** We may disclose your health information to public health officials for activities such as the prevention or control of communicable disease, injury or disability, to report births and deaths, to report suspected child abuse or neglect, to report reactions to medications or problems with medical products.

**Disaster Relief Efforts.** We may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

**Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial or Administrative Proceeding.** We may disclose your health information in response to a court or administrative order, a valid subpoena, discovery request, civil or criminal proceedings, or other lawful process.

**Law Enforcement.** We may release your health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar legal process

- Regarding a victim or death of a victim of a crime in limited circumstances; or,
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime, including crimes that may occur at our facility.

### **Coroners, Medical Examiners and Funeral Directors.**

We may release health information to a coroner or a medical examiner. This may be necessary, for example, to identify a person who died or determine the cause of death. We may also release health information to help a funeral director to carry out his/her duties.

**Workers' Compensation.** We may release your health information for workers' compensation benefits or to similar programs that provide benefits for work-related injuries or illness.

### **To Avert a Serious Threat to Health or Safety.**

We may disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

**National Security.** We may disclose your health information to federal official(s) for national security activities and for the protection of the President and other Heads of State.

**Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Inmates.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release your health information to the institution. This release would be necessary (1) for the institution to provide you with health care, or (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

**Other Uses of Your Health Information.** Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose your health information, you may revoke that authorization in writing at any time. When we receive your written revocation we will no longer use or disclose your health information for the purpose of that authorization. However, we are unable to retrieve any disclosures already made based your prior authorization.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.**

**Requests to invoke the following rights should be submitted to the Clinic Manager for the clinic at which you receive health care.**

**You have the following rights regarding your health information:**

**Right to Inspect and Copy.** You have the right to inspect your health information and receive a copy of medical, billing, or other records that may be used to make decisions about your care.

- Submit your request in writing. We charge a reasonable, cost-based fee for document requests to cover the costs of copying, mailing or other supplies. We will provide you with an estimate before completing the copy request.
- In limited circumstances we may deny your request to inspect and copy your health information. If you are denied access to your health information, you may request that the denial be reviewed. A licensed health care professional chosen by The Physician Network will review your request and the denial. The person who conducts the review will not be the same person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** You have the right to request an amendment to your health information that you believe is incorrect or incomplete.

- Submit your request in writing, using a Request for Amendment to Protected Health Information form, and including your reason for the amendment.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:
  - Was not created by The Physician Network; unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the medical information kept by or for The Physician Network
  - Is not part of the information that you would be permitted to inspect and copy, or
  - Is accurate and complete.

To obtain a paper copy of this request, contact the manager for the The Physician Network clinic at which you receive health care.

**Right to an Accounting of Disclosures.** We are required to maintain a list of disclosures of your health information. However, we are not required to maintain a list of disclosures that we made by acting upon your written authorizations, or when we have used your health information for treatment, payment or operations. You have the right to request an accounting of disclosures that were not subject to your written authorization.

- Submit your request in writing. Your request must state a time period, not longer than six years, and may not include dates before April 14, 2003. This accounting will be provided in a paper format. The first list you request with in a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on how much of your health information we use or disclose for treatment, payment or health care operations. You also have the right to request a restriction on the disclosure of your health information to someone who is involved in your care or payment for your care, such as a family member or friend.

**We are not required to agree to your request.**

However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- Submit your request in writing, or request and submit a Request for Restrictions to Protected Health Information form. You must include:
  - (1) what information you want to limit,
  - (2) whether you want to limit our use, disclosure or both, and
  - (3) to whom you want the limits to apply.

**Right to Request Confidential Communications.**

You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at an alternative location from your home address, such as work, or only contact you by mail instead of telephone.

- You may make your request verbally or in writing, or request and submit a Confidential Communications Opt-Out form. Your request must specify how or where you wish to be contacted. We do not require a reason for the request. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

- To obtain a paper copy of this Notice, contact the Manager for the The Physician Network clinic at which you receive health care.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice, and its supporting policies and procedures. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our clinic. The Notice will contain on the first page the effective date. Upon your initial registration at the clinic for treatment or health care services, or at your next visit following a revision to the Notice, we will provide you with a copy of the current Notice in effect.

## **COMPLAINTS**

You may file a complaint with us or with the Secretary of the Department of Health and Human Services if you believe that we have not complied with our privacy practices. You may file a complaint with us verbally or in writing by contacting the The Physician Network Privacy Official at (402) 328-2021.

**You will not be penalized for filing a complaint.**





8055 O Street, Suite 300 Lincoln, NE 68510