

HIPAA Notice of Privacy Practices Statement

PROTECTING YOUR PERSONAL HEALTH INFORMATION

What you should know about HIPAA: The Health Insurance Portability and Accountability Act

In this age of electronic communication, concern for the privacy and security of personal information has never been greater. Every day, we hear about people who are victims of identity theft, credit card fraud and computer viruses. We, at Dr. DeKeyser's office, have always worked very hard to protect the privacy of your personal health information. Your medical records are kept securely in our offices and we don't release any information about you to anyone who isn't authorized to have that information.

Public Health laws in the state of Alaska have very strict provisions relating to the confidentiality of health information and, now, the Federal Government has issued new regulations that will help create standards for privacy and security across the country, and across all health organizations.

What's a HIPAA?

The regulations are part of a law known as HIPAA, the Health Insurance Portability and Accountability Act. Enacted in 1996, its privacy provisions took effect on April 14, 2003. HIPAA has three major purposes:

1. It helps standardize and simplify the way healthcare organizations exchange electronic information.
2. It provides people with additional protections for obtaining and keeping health insurance, but does not guarantee coverage.
3. It creates new rules to ensure the safety and privacy of individual health information and medical records.

Privacy Rules!

The privacy rules contained in HIPAA will help protect health information that is maintained by physicians, hospitals, other health care practitioners and health insurance plans. HIPAA sets minimum security and privacy standards for healthcare providers and organizations to follow. If a state has more stringent laws, then those would be followed instead. In addition, HIPAA sets stiff penalties for violations of these standards or for misuse of personal health information.

What is personal health information?

Every time you see a healthcare practitioner, are admitted to a hospital, fill a prescription or submit a claim to an insurance company, a record is made that contains confidential health information. This information is referred to as individually identifiable health information (IIHI) and is the type of information regulated by HIPAA. The privacy rules place restrictions on disclosure of this information. All health information, including paper records, electronic records (including email) and verbal communications are protected by HIPAA's privacy rules.

Healthcare professionals that collect and manage this information include physicians, nurse practitioners, physician assistants, physical therapists, mental health professionals, dentists, chiropractors, optometrists, dietitians and podiatrists. Healthcare organizations include hospitals, health plans, employers and companies that process claims or perform certain financial and administrative functions.

What else does HIPAA do?

Under HIPAA, individuals have new rights regarding their personal health information.

Education—Healthcare professionals and organizations are required to provide you with a written explanation of how they intend to use and disclose your information.

Right to access—You have the right to see and obtain a copy of your medical records. Access to your record may not be available immediately, and you may be charged a reasonable fee for photo-copying. You can request that we make a correction in your record if the information that has been entered is incorrect. In addition, you can request a history of "non-routine disclosures" of your personal health information. However, these rights are not absolute and there are some exceptions to these rules.

Right to consent—Healthcare professionals and organizations are required to obtain your consent prior to sharing personal health information for purposes other than treatment, payment and healthcare operations.

Right to recourse—You also have the right to file a formal complaint if you believe that there has been a violation of the regulations.

A Notice of Privacy Practices is posted in our office. It contains important information about how we handle your confidential health information and how you can exercise your rights to your health information under the HIPAA provisions. A copy of that notice is also available to you upon request.

Please feel free to ask your health care practitioner about how your health information is protected, or about exercising your rights. Please let us know if you have any questions about our Notice of Privacy Practices. You may also contact our Privacy Officer, at (907)339-9700.

With HIPAA, the government has tried to strike a balance between protecting your privacy and allowing the appropriate flow of information among healthcare organizations that is necessary for you to have access to the care that you need and to receive high quality medical services.

Protection of your privacy is a responsibility that we take very seriously. It is an essential component of the trust you should have in your health care providers and it is our promise to you, our patients.

Want to learn more?

The following websites contain helpful information about HIPAA:

[American Medical Association](#)

[Medical Society of the State of NY](#)

[Office for Civil Rights](#)

See the following HIPAA Privacy Practices Statement for John B. DeKeyser, M.D.

WE CARE ABOUT YOUR PRIVACY

John B. DeKeyser M.D.
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Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI).

Please review this document carefully.

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IIHI:

Treatment. Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.

Payment. Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations. Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations. We may also use and disclose health information:

- Our practice may use and disclose your IIHI to contact you and remind you of an appointment;
- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To tell you of possible treatment alternatives;
- To inform Funeral Directors consistent with applicable law;

- Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you;
- To disclose proof of immunization to a school where law requires proof for attendance.

When disclosing information, primarily regarding appointment reminders and billing/collection efforts, we may leave messages on your answering machine/voicemail or send written notices. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone or address to contact you for this purpose.

Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to our office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. All requests to withhold information must be in writing. This notice allows for disclosure to a family member prior to a patient's death for patient care & some costs.

Disclosures Required By Law. Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

Abuse or Neglect. We may disclose your health information to appropriate authorities if we reasonable believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Marketing Health-Related Services. We will NOT use your IIHI for marketing purposes unless we have your written authorization to do so.

USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release IIHI if asked to do so by a law enforcement official or in response to a valid subpoena:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

Organ and Tissue Donation. Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research. Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

Serious Threats to Health or Safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. Our practice may release your IIHI for workers' compensation and similar programs.

YOUR RIGHTS REGARDING YOUR IIHI

Confidential Communications. You have the right to request that Dr. DeKeyser communicate with you about your health and related issues in a particular manner or at a certain location confidentially. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing. The request must describe in a clear and concise fashion:

- the information you wish restricted;
- whether you are requesting to limit our practice's use, disclosure or both
- to whom you want the limits to apply.

Dr. DeKeyser must agree to the request of an individual to restrict disclosure of IIHI about the individual to a health plan or business associates if:

- The disclosure is for the purpose of carrying out payment or healthcare operations **and is not otherwise required by law:** and
- The IIHI pertains solely to a healthcare item or service for which you our patient, other than the health plan on behalf of you, has paid Our office in full.

Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Dr. DeKeyser in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. You also have the right to an electronic copy of your records, if it is readily producible.

Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. Your request must be made in

writing. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Dr. Dekeyser has 30 days to comply with all requests, unless noted otherwise.

Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or healthcare operations where an authorization was not required. You are entitled to one such accounting per year. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have on 30-day extension of the time if we notify you of the extension in writing.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time, paper or electronic.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the **Secretary of the Department of Health and Human Services, Office for Civil Rights**. To file a complaint with our practice, contact **Office Manager**. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note we are required to retain records of your care.

Breach Notification Requirements. Beginning September 23, 2009, in the event unsecured protected information about you is “breached” and the use of the information poses a significant risk of financial, reputable or other harm to you, we will notify you of the situation and any steps you should take to protect yourself against harm due to the breach. We will inform HHS & the State of Alaska and take any other steps required by law.

We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Dept. of Health & Human Services.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the **Office Manager, (907) 339-9700**.