

## WESTWIND MEDICAL ASSOCIATES, P.A. 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 \*\*\***

**WESTWIND MEDICAL ASSOCIATES, P.A. ("Practice")** may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations. The Practice has established policies to guard against unnecessary disclosure of your health information.

### **Our Responsibilities**

We are required by law to maintain the privacy of your health information and to provide you with a description of our practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

### **Uses and Disclosures**

#### **How we may use and disclose Medical Information about you.**

The following categories describe examples of the way we use and disclose medical information:

**For Treatment:** We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Practice personnel who are involved in taking care of you at our office. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the Practice may also share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, and x-rays. We may also provide a subsequent health care provider with copies of various reports that should assist him or her in treating you.

**For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine medical information we have with that of other hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information:

- ◆ To business associates we have contracted with to perform the agreed upon service and billing for it;
- ◆ To remind you that you have an appointment for medical care;
- ◆ To assess your satisfaction with our services;
- ◆ To tell you about possible treatment alternatives;
- ◆ To tell you about health-related benefits or services;
- ◆ To contact you as part of fund raising efforts;
- ◆ To inform Funeral Directors consistent with applicable law;
- ◆ For Population based activities relating to improving health or reducing health care costs; and
- ◆ For conducting training programs or reviewing competence of health care professionals.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include: physician services in the emergency department and radiology, certain laboratory test, and a copy service we use when making copies of your health records. When these services are contracted, we may disclose your health information to our business associates 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.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

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

**Future Communications:** We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

**Affiliated Covered Entity:** Protected health information will be made available to our second office as necessary to carry out treatment, payment, and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the Privacy Official for further information on the specific sites included in this affiliated covered entity.

**As required by law,** we may also use and disclose health information for the following types of entities, including but not limited to:

- ◆ Food and Drug Administration
- ◆ Public Health or Legal Authorities charged with preventing or controlling disease, injury, or disability
- ◆ Correctional Institutions
- ◆ Workers Compensation Agents
- ◆ Organ and Tissue Donation Organizations
- ◆ Military Command Authorities
- ◆ Health Oversight Agencies
- ◆ Funeral Directors, Coroners, and Medical Directors
- ◆ National Security and Intelligence Agencies
- ◆ Protective Services for the President and others

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

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

## **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

- ◆ **Inspect and Copy:** You have the right to inspect and copy medical information, including billing records. A request to inspect and copy your health information may be made through the Medical Records Department. If you request a copy of your health information, the Practice may charge a reasonable fee for copying and assembling costs associated with your request.
- ◆ **Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- ◆ **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of disclosures we make of medical information about you.
- ◆ **Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- ◆ **Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.
- ◆ **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 even if you have received this notice previously.

To exercise any of your rights, please obtain the required forms from the Medical Records Department and submit your request in writing.

### **Changes to This Notice**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as for information we receive in the future. The current notice will be posted in the Practice and include the effective date. In addition, each time we request an update on your personal information, we will offer you a copy of the current notice in effect.

### **Contact Person**

You may contact the Privacy Official for all issues regarding patient privacy and your rights.

**Attn: Privacy Official  
6604 Westwind  
El Paso, Texas 79912  
(915) 845-4600**

**Effective Date: September 1, 2010**