

# MICHAEL A. DEVLIN, M.D., PLC

## 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 CAREFULLY.**

### **OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION**

Michael A. Devlin, M.D. is dedicated to protecting your medical information. A federal regulation, known as the "HIPPA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. Your Protected Health Information ("PHI") is information that identifies you and that relates to your past, present or future health or condition, the provision of health care to you, or payment for that health care. We are required by law to maintain the privacy of your PHI and to give you this Notice about our privacy practices that explains your rights as our patient and how, when and why we may use or disclose your Protected Health Information (PHI).

We are required by law to follow the privacy practices described in this Notice, although we reserve the right to change our privacy practices and the terms of this Notice at any time and to apply those changes to all protected health information (PHI) in our possession. If we change our privacy practices and the terms of this Notice, we will post a copy in our office in a prominent location, have copies of the revised Notice available at our office and provide you with a copy of the revised Notice upon your request.

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

This notice describes Michael A. Devlin M.D., PLC's practices regarding the use of your medical information and that of:

- \*Any health care professional authorized to enter information into your medical chart or medical record, including without limitation, Michael A. Devlin, M.D.
- \*All employees, staff and other personnel who may need access to your information.

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)**

- 1. Treatment, Payment and Health Care Operations.** As described below, we will use or disclose your protected health information for treatment, payment, or health care operations. The examples below list some but not all possible use or disclosure in a category.

**Treatment** We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescriptions, lab work, x-ray or other health care services. We may also use and disclose protected health information (PHI) about you when referring you to another health care provider. For example, if you are referred to a specialist, we may disclose protected health information to the specialist

regarding your symptoms. We may also disclose protected health information about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to another physician so that the other physician may treat you.

**Payment:** We may disclose protected health information so that we can bill and collect payment for the treatment and services provided to you. For example, we may send your insurance company a bill for services or release certain medical information to your health insurance company so that it can determine if your treatment is covered under the terms of your health insurance policy. We may also use and disclose PHI for billing, claims management and collection activities. We may also disclose protected health information to another health care provider or to a company or health plan to comply with the HIPPA Privacy Rule for the payment activities of that health care provider, company or health plan. For example, we may allow a health insurance company to review protected health information relating to their enrollees to determine the insurance benefits to be paid for their enrollees' care.

**Health Care Operations:** We may use and disclose protected health information in performing certain business activities which are called healthcare operations. Some examples of these operations include our business, accounting and management activities. These health care operations also may include quality assurance, utilization review and internal auditing, such as reviewing and evaluating the skills, qualifications and performance of health care providers taking care of you and our other patients and providing training programs to help students develop or improve their skills. If another health care provider, company, or health care provider, is required to comply with the HIPPA Privacy Rule has or once had a relationship with you, we may disclose protected health information about you for certain health care operations of that health care provider or company. For example, such health care operations may include assisting with legal compliance activities of that health care provider or company.

2. **Communication To You from Our Office.** We may use or disclose medical information in order to contact you as a reminder that you have an appointment for treatment or medical care, to tell you about or recommend possible options or alternatives that may be of interest to you or to inform you about health-related benefits or services that may be of interest to you.
3. **Communications To Family or Friends If You Agree Or Do Not Object.** We may disclose protected health information to your relatives, close friends or any other person identified by you if the protected health information is directly related to that person's involvement in your care or payment for your care. Generally, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object. However, if you are not present or are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location and general condition.
4. **Other Uses And Disclosures Authorized By The HIPPA Privacy Rule.** We may use and disclose protected health information about you in the following circumstance, provided that we comply with certain legal conditions set forth in the HIPPA Privacy Rule.

Required By Law. We may use or disclose protected health information as required by federal, state, or local law if the disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities. We may disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including to:

- Prevent or control disease or injury or report disease or injury;
- Report information regarding the quality, safety or effectiveness of products or activities regulated by the federal Food and Drug Administration;

- Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- Report to employers, under limited circumstances, information related primarily to workplace injuries or illness or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence. We may disclose protected health information to proper government authorities if we believe that a patient has been a victim of domestic violence, abuse or neglect.

Health Oversight. We may disclose protected health information to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs and compliance with certain laws.

Legal Proceedings. We may disclose protected health information as expressly required by a court or administrative tribunal order or in compliance with state law in response to subpoenas, discovery requests or other legal process when we receive satisfactory assurances that efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Compliance Review. We are required to disclose protected health information to the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPPA Privacy Rule.

5. **Emergencies.** We may use or disclose your protected health information in an emergency treatment situation in compliance with applicable laws and regulations.
6. **With Your Written Authorization.** *All other uses and disclosures of your protected health information will be made with only your written authorization. If you have authorized us to use or disclose protected health information about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.*

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The HIPPA Privacy Rule gives you several rights with regard to your protected health information (PHI). These rights include:

1. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations, or that we disclose to those who may be involved in your care or payment for your care. While we will consider your request, *we are not required to agree to it.* If we do agree to your request, we will comply with your request except as required by law or for emergency treatment.
2. **Right To Receive Confidential Communications.** You have the right to request that you receive communications regarding protected health information in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than work.
3. **Right to Inspect and Copy.** You have the right to inspect and receive a copy of your protected health information contained in records we maintain that may be used to make decisions about our care. These records usually include your medical and billing records. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

4. **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as such information is kept by us or for us. We may deny your request in certain cases.
5. **Right to Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice at any time.

**Effective Date:** This notice was published and first became effective August 14, 2013.