

## HIPAA 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. PLEASE REVIEW THIS NOTICE CAREFULLY.**

### A. MY COMMITMENT TO YOUR PRIVACY

My practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting my business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of my legal duties and the privacy practices that I maintain in my practice concerning your IIHI. By federal and state law, I must follow the terms of the notice of privacy practices that I have in effect at the time.

I realize that these laws are complicated, but I must provide you with the following important information:

- How I may use and disclose your IIHI
- Your privacy rights in your IIHI
- My 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 my practice. I 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 my practice has created or maintained in the past, and for any of your records that I may create or maintain in the future. My practice will post a copy of my current Notice in my offices in a visible location at all times, and you may request a copy of my most current Notice at any time.**

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**  
Donovan Wong, MD at (424) 248-8338.

### C. I MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which I may use and disclose your IIHI.

1. **Treatment.** My practice may use your IIHI to treat you. For example, I may ask you to have laboratory tests (such as blood or urine tests), and I may use the results to help us reach a diagnosis. I might use your IIHI in order to write a prescription for you, or I might disclose your IIHI to a pharmacy when I order a prescription for you. Many of the people who work for my practice including, but not limited to, my doctors and nurses may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, I may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, I may also disclose your IIHI to other health care providers for purposes related to your treatment. As psychiatric consultants, good medical practice dictates that I send a report to your referring physician.

2. **Payment.** My 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, I may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and I may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. I 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, I may use your IIHI to bill you directly for services and items. I may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

3. **Health Care Operations.** My practice may use and disclose your IIHI to operate my business. As examples of the ways in which I may use and disclose your information for our operations, my 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 my practice. I may disclose your IIHI to other health care providers and entities to assist in their health care operations.

4. **Appointment Reminders.** My practice may use and disclose your IIHI to contact you and remind you of an appointment.

5. **Treatment Options.** My practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. **Health-Related Benefits and Services.** My practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

7. **Release of Information to Family/Friends.** My 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 the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

8. **Disclosures Required By Law.** My practice will use and disclose your IIHI when I am required to do so by federal, state or local law.

### D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

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

1. **Public Health Risks.** My 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, I will only disclose this information if the patient agrees or I am 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.

2. **Health Oversight Activities.** My 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.

3. **Lawsuits and Similar Proceedings.** My 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. I 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 I have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **Law Enforcement.** I may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if I am unable to obtain the person's agreement
- Concerning a death I believe has resulted from criminal conduct
- Regarding criminal conduct at my 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)

5. **Deceased Patients.** My practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, I also may release information in order for funeral directors to perform their jobs.

6. **Organ and Tissue Donation.** My practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation,

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including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. **Research.** My practice may use and disclose your IIHI for research purposes in certain limited circumstances. I 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 reused 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.

8. **Serious Threats to Health or Safety.** My 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.

9. **Military.** My 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.

10. **National Security.** My 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.

11. **Inmates.** My 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.

12. **Workers' Compensation.** My practice may release your IIHI for workers' compensation and similar programs.

**E. YOUR RIGHTS REGARDING YOUR IIHI**

You have the following rights regarding the IIHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that my practice communicate with you about your health and related issues in a particular manner or at a certain location. 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 to us specifying the requested method of contact, or the location where you wish to be contacted. My practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. **Requesting Restrictions.** You have the right to request a restriction in my use or disclosure of your IIHI for treatment, payment or health care operations. This includes the right to restrict the release of information to your health plan when you have paid out-of-pocket and in full. Additionally, you have the right to request that we restrict my disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **I am not required to agree to your request;** however, if we do agree, I am bound by my 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 my use or disclosure of your IIHI, you must make your request in writing to us. Your request must describe in a clear and concise fashion:

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

3. **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

also have a right to obtain a copy in an electronic format of your choice as long as it is readily producible. If it is not readily producible in a particular format, other options will be offered. You must submit your request in writing to us in order to inspect and/or obtain a copy of your IIHI. My practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. My practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of my denial. Another licensed health care professional chosen by us will conduct reviews.

4. **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 my practice. To request an amendment, your request must be made in writing and submitted to us. You must provide us with a reason that supports your request for amendment. My 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 my 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 my practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures.** All of my patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures my practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in my practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to us. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but my practice may charge you for additional lists within the same 12-month period. My practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of my notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact us.

7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with my practice or with the Secretary of the Department of Health and Human Services. To file a complaint with my practice, contact us. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. **Right to Provide an Authorization for Other Uses and Disclosures.** My 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 I am required to retain records of your care.

9. **Notification of a Breach.** You will be notified of a breach of your IIHI per HIPAA regulations.

Again, if you have any questions regarding this notice or my health information privacy policies, please contact us.

**We reserve the right to change my practice(s) and to make the new provisions effective for all protected health information we maintain. Should my information practices change, we will post a copy in my office in a prominent location. We will provide you with a copy of the revised Notice upon your request.**

I, (print name) \_\_\_\_\_, have received a copy of Dr. Donovan Wong's "HIPAA Notice of Privacy Practices."

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_