

**DRAVES FAMILY PRACTICE**  
**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.**

A Federal regulation, known as the "HIPAA Privacy Rule" requires that we provide detailed notice in writing of our privacy practices. The HIPAA Rule requires us to address many specific things in this Notice.

**1. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU.**

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- A. Make sure that medical information that identifies you is kept private;
- B. Make available to you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- C. Comply with the terms of the Notice that is currently in effect.

**We reserve the right to make changes to the Notice. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.**

**II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

- A. **Treatment:** We may use medical information about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment to coordinate and manage your health care with others. We may disclose medical information about you to other doctors, nurses, technicians, medical students, or other medical personnel who are involved in taking care of you.
- B. **Payment:** We may use and disclose PHI about you so that we can bill and collect payment for the treatment and services provided to you. We may also use and disclose PHI with your health plan about services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may use and disclose PHI for billing, claims management and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for

the payment activities of that health care provider, company, or health plan.

C. **Health Care Operations:** We may use and disclose PHI in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- a.) Reviewing and improving the quality, efficiency and cost of care that we provide to our patients.
- b.) Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives and educational classes.
- c.) Reviewing and evaluating the skills, qualifications and performance of health care providers taking care of you and our other patients.
- d.) Providing training programs for students, trainees, health care providers, or non-health care professionals to help them practice or improve their skills.
- e.) Cooperating with outside organizations that assess the quality of the care we provide.
- f.) Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, by accountants, lawyers and others who assist us in complying with the law and managing our business.
- g.) Assisting us in making plans for our practice's future operations.
- h.) Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
- i.) Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.

D. **Communication from our Office:** We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health care related benefits and services that may be of interest to you. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are at our office. 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. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interest in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other things that may contain PHI about you.

**OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION.**

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

- a.) **As required By Law.** We may use and disclose PHI as required by federal, state, or local law. Any disclosures complies with the law and is limited to the requirements of the law.
- b.) **Public Health Activities.** We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:
  - To prevent or control disease, injury, or disability;
  - To report disease, injury, birth, or death;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products or devices regulated by the Federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
  - To locate and notify persons of recalls of products they may be using;
  - To 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;
  - To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.
- c.) **Abuse, Neglect or domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.
- d.) **Health Oversight Activities:** We may disclose PHI 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 retain laws.
- e.) **Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.
- f.) **Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;

- About criminal conduct at our office; and
- 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.
- g.) **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- h.) **National Security, Intelligence and Federal Protective Service Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorize federal officials where required to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations. We may release PHI for certain military and veteran activities, including determination of eligibility for veterans for veterans benefits and where deemed necessary by military command authorities.
- i.) **Inmates:** We may release medical information regarding an inmate of a correctional institution or under the custody of a law enforcement official when necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- j.) **Organ and Tissue Donation:** If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.
- k.) **To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.
- l.) **Disclosures Required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an account of certain disclosures of PHI about you (those requirements are described in Section II of this Notice.)

**OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR AUTHORIZATION:**

Workers Compensation: We may disclose PHI as authorized by Workers' Compensation laws or other similar programs that provide benefits for work-related injuries or illnesses. All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

**III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU:**

Under federal law, you have the following rights regarding medical information we maintain about you:

- A.) **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. You must submit any request to inspect and copy your medical information to our Medical Records Office at the location noted on the final page of this Notice, in writing. (A form for that request is available from this office) If you request a copy of your information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in certain very limited circumstances.
- B.) **Right to Amend.** You have the right to request we amend PHI about you as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Privacy Official. You must also give a reason for your request. We may deny your request in certain cases;
  - If it is not in writing or if you do not give adequate reason for the request;
  - If it is not accurate or complete;
  - Was not created by us;
  - If not part of the medical information kept by this office.
- C.) **Right to 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 of your care, like a family member or friend that otherwise is permitted by the Privacy Rule. We are not required to agree to your request. If we do not agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. You must submit any request for restrictions to our Medical Records office at the location noted on the final page of this Notice, in writing. (A form for that request is available from this office) Your written request must tell us (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.
- D.) **Right to Request Confidential Communication:** You have the right to request that we communicate with you regarding PHI in a certain manner or at a certain location. You must make your request for restrictions in writing to our Privacy Official. (A form for that request is available from this office) You must specify how you would like to be contacted. We will accommodate all reasonable requests.
- E.) **Right to Receive an Accounting of Disclosure.** You have the right to request an "accounting of disclosure." This is a list of the disclosures we have made of medical information about you, with some exceptions. The exceptions are governed by federal health privacy law, and include (1) routine disclosure for treatment, payment and operations conducted

pursuant to your signed consent form; (2) disclosures to you, and family members or friends involved in your care; (3) for use in our related to facility directory; (4) for certain notification purposes including national security, intelligence, correctional and law enforcement purposes; (5) any disclosures made before April 14, 2003. You must submit any request for an accounting disclosure to our Medical Records office (a form for that request is available from our office.) Your written request must state a time period, which may not be longer than six years. The first request within a 12 month period will be free. For additional reports, we may charge you for the costs of providing the report. We will notify you of the cost involved, and you may choose to withdraw or modify the request at that time before any costs are incurred.

- F.) **Right to a Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice at any time by contacting our Medical Records office.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

#### **PRIVACY OFFICIAL CONTACT INFORMATION**

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Privacy Official

1400 Highway 61 Suite 210  
Festus MO 63028  
(636) 937-2700

This notice was published and first became effective April 14, 2003