

# **The Washington Travel Clinic**

## **Notice of HIPAA 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 AND REPORT ANY GRIEVANCE TO THE PRIVACY OFFICER.**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the Patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

We have prepared this Notice of HIPAA Privacy Practices to explain how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records for each of the following purposes:

**TREATMENT** means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may disclose health information to doctors, nurses, technicians, or other personnel, including people outside our office who are involved in your medical care.

**PAYMENT** means such activities as obtaining payment for services, billing or collection activities and utilization review. We may use and disclose health information so that we may bill you and receive payment from you, and so that you may be reimbursed by insurance carriers. For example, we may give your health plan information so that your insurance will reimburse you for your treatment.

**HEALTH CARE OPERATIONS** include the business aspects of running our medical practice. We may use and disclose health information for health care operation purposes to make sure that all patients receive quality medical care. We also may share information with other entities that have relationship with you (for example, your health plan) for their health care operation activities.

**AS REQUIRED BY LAW:** We will disclose health information when required to do so by international, federal, state or local law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose health information when necessary to prevent a serious threat to your

health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**BUSINESS ASSOCIATES:** We may disclose health information to our business associates that perform functions on your behalf if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information under the same HIPAA guidelines.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

1. You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operations. You may also request that we limit our disclosures to persons assisting in your care. We will consider your request, but are not required to accept it. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
2. You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.
3. Except under certain circumstances, you have the right to inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a nominal fee for copying and mailing.
4. If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. You have the right to request an amendment for as long as the information is kept by or for our office. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.
5. You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment, health care operations, or for which you provided written authorization. If you ask for this information from us more than once every twelve months, we may charge you a fee.
6. You may obtain a paper copy of this notice by downloading it from our web site, picking it up at our office or by fax or e-mail. You may ask us to give you a paper copy of this notice at any time, even if you have agreed to receive it electronically.

This notice is effective 03/29/2013