

CONSULTANTS IN GASTROENTEROLOGY, P.C.

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 is effective as September 23, 2013.

This notice describes how protected health information (PHI) about you may be used and disclosed, and how you can get access to your protected health information.

Please review this notice carefully.

A. Our commitment to your privacy

Our facility is dedicated to maintaining the privacy of your protected health information. In conducting our business, we will create records regarding you and the treatment and services we provided to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your protected health information. By Federal and State law, we must follow the terms of the notice of privacy practices we have in effect at the time.

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

- How we may use and disclose your Protected Health Information (PHI).
- Your privacy rights in your Protected Health Information.
- Our obligations concerning the use and disclosure of your Protected Health Information.

The terms of this notice apply to all records containing your protected health information that are created or retained by our facility. We 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 our facility has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our facility will post a copy of our current notice in our admission office in a visible location at all times, as well as on our website, and you may request a copy of our most current notice at any time.

B. If you have questions about this notice, please contact:

Consultants In Gastroenterology, P.C. Attn: Privacy Officer, 6900 L Street, Suite 1, Lincoln, NE 68510, 402-441-5600

C. We may use and disclose your protected health information in the following ways without your permission:

The following categories describe the different ways in which we may use and disclose your protected health information.

1. **Treatment.** Our facility may use your PHI to treat you. Many of the people who work for/or with our facility – including, but not limited to, your doctors, our nurses – may disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our facility may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such cost, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our facility may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our facility may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our facility.

D. Use and disclosure of your PHI in certain special circumstances that may be made without your authorization.

Unless we are otherwise restricted from doing so, we may also disclose your information for the following purposes without your authorization:

1. **Directory.** Unless you notify us that you object, we will use your name, location in the facility, and general condition for directory purposes. This information may be provided to members of the clergy and to other people who ask for you by name.
2. **Communication.** We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery.

We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

3. **Disclosures Required by Law.** Our facility will use and disclose your PHI when we are required to do so by Federal, State, or local law.
4. **Public Health Risks.** Our facility may disclose your PHI 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 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 agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
 - Notifying your employer under limited circumstances related primarily to work-place injury.
 - Sending proof of required immunization to a school with parent or guardian permission.
5. **Health Oversight Activities.** Our facility may disclose your PHI 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.
6. **Lawsuits and similar proceedings.** Our facility may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
7. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
 - Concerning a death we believe has resulted from criminal conduct.
 - Regarding criminal conduct at our facility.
 - 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 victims of the crime, or description, identify or location of the perpetrator).
8. **Deceased Individuals.** We are required to apply safeguards to protect your medical information for 50 years following your death. Following your death we may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your medical information to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.
9. **Organ and Tissue Donation.** Our facility may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

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10. **Serious Threats to Health or Safety.** Our practice may use and disclose your PHI 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 to help prevent the threat.
11. **Military.** Our practice may disclose PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
12. **National Security.** Our facility may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
13. **Inmates.** Our facility may disclose PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement officials. Disclosures 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.
14. **Workers' Compensation.** Our facility may release your PHI for workers' compensation and similar programs.
15. **Health Information Exchange.** We participate in one or more electronic health information exchanges which permits us to electronically exchange medical information about you with other participating providers (for example, doctors and hospitals) and health plans and their business associates. For example, we may permit a health plan that insures you to electronically access our records about you to verify a claim for a payment for services we provide to you. Or, we may permit a physician providing care to you to electronically access our records in order to have up to date information with which to treat you. As described earlier in this Notice, participation in a health information exchange also lets us electronically access medical information from other participating providers and health plans for our treatment, payment and health care operation purposes as described in this Notice. We may in the future allow other parties, for example, public health departments that participate in the health information exchange, to access your medical information electronically for their permitted purposes as described in this Notice.

E. Uses and Disclosures Requiring Your Authorization

There are many uses and disclosures we will make only with your written authorization. These include:

1. **Uses and Disclosures Not Described Above.** We will obtain your authorization for any use of disclosure of your medical information that is not described in the preceding examples.
2. **Psychotherapy Notes.** These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.
3. **Marketing.** We will not use or disclose your medical information for marketing purposes without your authorization. Moreover, if we receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
4. **Sale of medical information** – We will not sell your medical information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

If you provide authorization, you may revoke it at any time by giving us notice in accordance with our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization. Please note, we are required to retain records of your care.

F. Your Rights Regarding your PHI

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

1. **Right to Request Restrictions.** You have the right to ask us to not use or disclose certain parts of your protected health information for purposes of treatment, payment, healthcare operations or to friends or family members. Your request must state the specific restriction and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, with one exception explained in the next paragraph. We will notify you if we deny your request to a restriction.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses related to that service prior to your request, and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an Authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

2. **Confidential Communications.** You have the right to request that our facility 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 at work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer or call 402-441-5600 for further information. Your request must describe in a clear and concise fashion:
 - (a) the information you wish restricted;
 - (b) whether you are requesting to limit our facilities 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 PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to the Privacy Officer or call 402-441-5600 for further information, in order to inspect and/or obtain a copy of your PHI. If we maintain the medical information electronically in one or more designated record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we both agree to. Our facility may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. If you direct us to transmit your medical information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery. Our facility may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. **Amendment.** You may ask us to amend your PHI 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 our facility. To request an amendment, your request must be made in writing and submitted to the Privacy Officer or call 402-441-5600 for further information. You must provide us with a reason that supports your request for amendment. Our facility will deny your request if your fail to submit your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the facility.
5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our facility has made of your PHI for non-treatment, non-payment or non-operations purposes. 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 any dates before April 14, 2003.
6. **Notification in the Case of Breach.** We are required by law to notify you of a breach of your unsecured medical information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.
7. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
8. **How to Exercise These Rights.** All requests to exercise these rights must be in writing. We will respond to your request on a timely basis in accordance with our written policies and as required by law. Contact the Privacy Officer at 402-441-5600 for more information or to obtain request forms.
9. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with our facility, contact the Privacy Officer at 402-441-5600. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**