

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

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), limits the uses and disclosures of Protected Health Information (“PHI”). For these purposes, PHI means any information, (oral or recorded in any form or medium) that is created or received by a health care provider (among others), and that relates to: the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

OUR OBLIGATIONS

As your health care provider, North Lincoln Family Medical Center is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

We are required to abide by the terms of this Notice until it is no longer in effect.

We reserve the right to revise the terms of this Notice. If we revise this Notice, the revised Notice may apply to PHI that we have on the effective date of the revision, as well as to PHI created or received after that date. If we revise this Notice, we will provide you with a paper copy of the revised Notice.

USES AND DISCLOSURES

This document will serve as your notice that we may use or disclose your PHI, without your authorization, in any one or more of the following ways:

- We are required to disclose your PHI to you upon your request. We are also required to disclose your PHI to the Secretary of the Department of Health and Human Services in conjunction with that Department’s efforts to investigate compliance with HIPAA.
- We may use and disclose your PHI to carry out treatment, payment or health care operations.

TREATMENT. We may use or disclose your PHI to provide, coordinate, or manage your health care and any related services, including coordination or management of your health care with a third party who may or may not have already obtained your permission to have access to your protected PHI. For example, we would disclose your PHI, as we deem necessary, to another physician or other health care provider, another hospital, surgical care facility, ambulatory care center, laboratory, pharmacy, or home health agency that provides care to you or who may care for you at our request.

PAYMENT. We may use or disclose your PHI to obtain payment for your health care services. This may include disclosure to a health or disability insurance company, employer, group health insurance plan, preferred provider organization, managed care company, health insurance clearing house, or a business that performs billing services for us. For example, your health insurance plan may require your PHI before it approves or pays for health care services we recommend for you such as: determination of eligibility or coverage for insurance benefits, utilization review activities before authorizing hospitalization or surgery, or reviewing services provided to you for medical necessity.

HEALTH CARE OPERATIONS. We may use or disclose your PHI in order to support our business activities. These activities may include, but are not limited to, reaching you by telephone, by mail, or in person; providing appointment reminders or charges; training employees or medical students; quality assessment or employee review activities; licensing; marketing or fundraising activities; and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students who see patients in our office or at the hospital where we hold privileges.

- We may disclose your PHI to a member of your family, a relative, a close friend, or other person identified by your provider, but only if the disclosed PHI directly relates to that person's involvement in your health care, and only if we determine that the disclosure is in your best interest, based on our professional judgment.
- We may use or disclose your PHI to notify (or assist in notifying) a family member (or personal representative or any other person that is responsible for your care) of your location, general condition or death.
- We may disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosure to family or other individuals involved in your health care.
- We may use or disclose your PHI to the extent required by federal or state law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- We may also disclose your PHI for law enforcement purposes such as legal processes, limited requests for identification and location purposes, pertaining to victims of a crime, or suspicion that death has occurred as result of criminal conduct.
- We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual. You will be notified, as required by law, of any such uses or disclosures.
- We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.
- We may disclose your PHI for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, communicable diseases, injuries, disabilities, or bioterrorism. We may also disclose your PHI, if directed by public health authority, to a foreign government agency that is collaborating with the public health authority.
- We may disclose your PHI, consistent with applicable federal and state laws, if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.
- We may disclose your PHI to health oversight agencies for activities authorized by law, such as audits, investigations, and inspections. We may disclose your PHI to the Food and Drug Administration to report adverse events, product defects or problems, or biologic product deviations, to tract products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.
- We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.
- We may disclose your PHI to comply with workers' compensation laws and other similarly legally established programs.
- We may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, for foreign military authority if you are a member of that foreign military service, or to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President of the United States or other legally authorized.
- We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose your PHI to a funeral director, including in anticipation of death, as authorized by law, in order to permit the funeral director to carry out their duties.
- We may disclose your PHI for cadaveric organ, eye, or tissue donation purposes.

- Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law, as herein described. You may revoke this authorization, at anytime in writing, except to the extent that we have taken an action in reliance on the use of disclosure indicated in the authorization.

YOUR INDIVIDUAL RIGHTS

- **Inspection and copying.** You have the right to inspect our PHI about you, or about your minor child, that is contained in your designated record set. Our designated record set contains medical and billing records that we generate, have generated and use for making decisions about you. You have the right to obtain a copy, for a reasonable fee, for all or part of the designated record set of your PHI. Under federal law, however, you may not inspect or copy: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or information that is subject to a law that prohibits access to PHI.
- **Restriction of PHI.** You have the right to request a restriction of your PHI, or your minor child's PHI, for treatment, payment, or health care operations. You should understand that this restriction may hamper treatment by another provider or payment of your health care services by your insurer. You should make this request in writing to the Privacy Contact listed below, specifically designating the PHI that you want us to refrain from disclosing. You may also request, in writing, that any part of your PHI, or your minor child's PHI, not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. We are not required to agree to the resections that you may request.
- **REQUEST OF CONFIDENTIAL COMMUNICATIONS.** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests, within our ability to comply, at a reasonable fee.
- **AMENDMENT OF PHI.** You have the right to request to have your physician amend your PHI, in a designated record set, for as long as we maintain this information. To do so, your request must be made in writing, to the Privacy contact listed below. We have the right to deny your request if the information: was not created by us; would not be available for inspection; or is accurate and complete. You will be advised of such a denial. If you disagree with the denial, you should notify the Privacy Contact of your disagreement in writing. Your physician has the right of rebuttal, of which you will be advised in writing.
- **ACCOUNTING OF DISCLOSURES.** You have the right to receive an accounting of certain disclosures we have made of your PHI. The accounting excludes disclosures made: before April 14, 2003; for treatment, payment or health care operations; to you; for a facility directory; to family members or friends involved in your care; inadvertently; for national security or intelligence purposes; to correctional institutions or laws enforcement officials.
- **NOTICE OF PRIVACY PRACTICE.** You have a right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. We reserve the right to the right to change this notice.
- **COMPLAINTS.** You have the right to complain to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Privacy Contact of your complaint. We are not permitted to retaliate against you for filing a complaint.

PRIVACY CONTACT
TIM OLSON
3100 N 14th STREET
SUITE 201
LINCOLN, NE 68521
402-477-6600
tim.nlfmc@gmail.com

This Notice is effective beginning the 14th day of April, 2003.
NORTH LINCOLN FAMILY MEDICAL CENTER, P.C.

Additional HIPAA information can be found on the web at <http://www.hhs.state.ne.us/hipaa/>