

Melville H. Hughes, M.D., P.C.

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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.

This Notice of Privacy Practices applies to Protected Health Information associated with Medical Services provided by **Melville H. Hughes, M.D., P.C.**...

We are required by the privacy regulations issued under the **Health Insurance Portability and Accountability Act of 1996 ("HIPAA")** to maintain the privacy of Protected Health Information and to provide individuals who receive medical care from Melville H. Hughes, M.D., P.C. with notice of our legal duties and privacy practices concerning Protected Health Information. We are required to abide by the terms of this notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us.

Your Authorization- Except as outline above, we will not use or disclose your Protected Health Information unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Protected Health Information ("PHI") means individually identifiable health information, as defined by HIPAA, that is created or received by us 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; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased. The following explains how we are required to maintain the privacy of your PHI and how may use and/or disclose your health information.

- **Treatment-** This allows us to contact a previous medical services Provider so that we can provide you with care, and/or for the purpose of coordinating or managing your health care by one or more service Providers.

- **Payment of Services** – This allows us to perform the necessary tasks to obtain payment for services rendered, confirming insurance coverage and benefits, billing and collections in addition to obtaining authorizations as necessary from your insurance carrier.
- **Legal Reasons**- We may use or disclose your PHI for any purpose required by law. An example of this of this is that we may be required by law to use or disclose your PHI to respond to a court order.
- **Public Health Investigations**- We may use or disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- **Child Abuse** – We may use or disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you is a victim of abuse or neglect, or domestic violence.
- **Government**- We may disclose your PHI if authorized by law to a government oversight agency who is conducting audits, investigations, or civil or criminal proceedings. An example would be state insurance department.
- **Judicial**- We may disclose your PHI in the course of a judicial or administrative proceeding such as to respond to a subpoena or discovery request.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with the law.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose your PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by the armed forces services, and we may also disclose PHU for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination and/or disability determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

Accessing your PHI – You have the right of access to a copy of your PHI that we maintain in your designated medical record. Requests for access to your PHI must be made in writing, must state that you are requesting a copy of your PHI, must identify yourself by Name and Date of Birth, it must state that you want access to your PHI and must be signed by you or your representative. Request forms are available from Melville H. Hughes, M.D., P.C. at either of our offices. We may charge you a fee for copying and postage not to exceed \$0.75 per page.

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Amendments to your PHI – You have the right to request the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reason(s) for the amendment/correction request. Amendment request forms are also available at both of our office locations.

Your Rights – You have the following rights to your Protected Health Information which you can exercise by presenting a written request to our Office Manager/Privacy Officer.

- The right to inspect and copy your Protected Health Information.
- The right to receive an accounting of disclosures or Protected Health Information.
- The right to reasonable requests to receive confidential communications of PHI from us by alternative means or at alternative locations. You may request that we not leave a message on your voicemail or send items to a particular address. All requests must be made in writing, signed by you or your representative.
- The right to obtain a paper copy of this notice from us upon request.
- The right to request restrictions on certain uses and disclosures of Protected Health Information to individuals you identify. We are not required to agree to said requested restrictions. If agreed upon, said restriction will be abided by unless you agree to remove it in writing.
- The right to amend your Protected Health Information.

By law, we are required to maintain the privacy of your Protected Health Information and to provide you with our privacy practices and notice of our legal duties.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

For assistance regarding this notice, you may contact the Privacy Officer, Andrea McDermott, at Melville H. Hughes, M.D., P.C. by writing to the address below.

Effective Date

This Notice is effective June 1, 2012

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