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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.

Effective
04/14/2003

Updated
08/15/2013

PURPOSE OF THIS NOTICE

We are required by law to preserve the privacy and confidentiality of your health information. Both state and federal regulations require us to implement and abide by the practice of this Notice, unless more stringent laws or regulations apply. This Notice describes the ways in which we may use or disclose your rights and obligations concerning such uses or disclosures.

The terms of this notice apply to all records containing your personal health information (PHI) that are created or retained by our office. Our office will post a copy of our current Notice in our office in a visible location and you may have a copy of our most current Notice at any time.

The privacy practices described in this Notice will be followed by: (1) Any health care professional authorized to enter information into your medical record created and/or maintained at our clinic; (2) All employees, students, residents, and other services providers who have access to your health information at our clinic; and (3) Any member of a volunteer group which is allowed to help you while receiving services at our clinic. The individuals identified above will also share your health information with each other for purposes of treatment, payment and healthcare operations, as further described in the Notice.

We reserve the right to revise or amend this Notice for health information we already have created or maintained in the past and for any of your records that we may create or maintain in the future, including any information that we receive from other healthcare providers or facilities.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: We may use your health information to provide you with healthcare treatment and services. We may disclose your health information to doctors, pharmacists, nurses, nursing assistants, technicians, medical and nursing students, and/or other personnel involved in your care. *For example:* we may order physical therapy services to improve your strength and walking abilities. We will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may need to refer you to another healthcare provider to receive certain services. We will share information with that healthcare provider in order to coordinate your care and services. These are only examples of uses and disclosures of medical information for treatment purposes that may or may not be necessary in your case.

Payment: We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the healthcare services you receive from us. This may include disclosing health information about you to your health plan in order to obtain prior authorization for services we provide to you, or to determine that your health plan will pay for the treatment. This information may also be used for billing, claims management, and collection purposes and related healthcare data processing through our system. *For example:* we may need to give health information to your health plan in order to obtain prior approval to refer you to a health care specialist, or to perform a diagnostic test, such as an MRI or CT scan. This is only an example of how we may use and disclose your medical information for payment purposes.

Healthcare Operations: We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance and business functions of our clinic. *For example:* we may use your health information to evaluate the performance of our staff in caring for you. We also may use your health information to evaluate whether certain treatment or services offered by our clinic are effective. We also may disclose your health information to other physicians, nurses, technicians, or health profession students for teaching and learning purposes.

Appointment Reminders: We may use or disclose your health information for purposes of contacting you to remind you of a healthcare appointment.

Treatment Alternatives & Health-Related Products and Services: We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related products or services that may be of interest to you. *For example,* if you are diagnosed with a diabetic condition, we may contact you to inform you of a diabetic instruction class that we offer at our clinic.

Family Members & Friends: We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosure when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. *For example,* if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

We may also disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to the family members or friend's involvement in your care. *For example,* if you present to our clinic with an emergency medical condition, we may share information with the family member or friend that comes with you to our clinic. We also may share your health information with a family member or friend who calls us to request a prescription refill for you.

USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS

As required by law: We may disclose your health information when required by federal, state, or local law. For example, we are required by the Department of Health and Human Services (DHHS) to disclose your health information in order to allow DHHS to evaluate whether we are in compliance with the federal privacy regulations.

Public Health Activities: We may disclose your health information to public health authorities that are authorized to collect or receive health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recall.

Health Oversight Activities: We may disclose your health information to a health oversight agency that is authorized by law to conduct oversight activities including audits, investigations, inspections or licensure and certification surveys. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws and the healthcare system in general.

Victims of abuse, neglect, or domestic violence: Your health information may be disclosed to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

Lawsuits & Disputes: If you are involved in a lawsuit or dispute, we may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release health information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an

emergency to report a crime, the location of the crime or victims' or the identity, description or location of the person who committed the crime.

Worker's Compensation: We may disclose your health information to worker's compensation programs or similar programs which provide benefits for work-related injuries, illnesses, or disabilities.

Coroners, Medical Examiners, or Funeral Directors: We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.

Organ & Tissue Donation: If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

Research: We may use or disclose your health information for research purposes under certain limited circumstances. We will not disclose your health information for research purposes without going through a special approval process. Although, we may disclose your healthcare information to individuals preparing to conduct the research project; for example, to help the researcher identify patients with specific medical needs that would relate to the proposed research. Information used for this purpose will not leave our clinic. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address, or other identifying information.

To Avert a Serious Threat to Health or Safety: We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.

Military & Veterans: If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.

National Security & Intelligence Activities: We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or the law enforcement official as may be necessary (1) for the institution to provide you with health care; (2) to protect the health or safety of you or another person; (3) for the safety and security of the correctional institution.

Limited Data Set Information: We may disclose limited healthcare information to third parties for purposes of research, public health and healthcare operations. Before disclosing this information, we must enter into an agreement with the recipient of the information that limits who may use or receive the data and requires the recipient to agree not to re-identify the data or contact you. The recipient of your information is required to have appropriate safeguards to prevent inappropriate use or disclosure of your information.

USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION

Except for the purposes identified previously in our Notice, we will not use or disclose your health information for any other purposes unless we have your specific written authorization, unless otherwise permitted by law. You may revoke the authorization, at any time, in writing, and we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance on the use or disclosure indicated in the authorization.

Marketing and/or Sale of PHI: We will not use or sell your PHI without your written authorization.

Out-of-Pocket Rule: You may request in writing that we restrict disclosure of your PHI to a health plan if the disclosure is for payment or healthcare operations purposes. If you pay for the service in full at the time the service is rendered, we have to comply with your request. "Payment in full at the time of service" means that you will pay cash or with a credit or debit card for the full amount due at the time service is rendered and there will not be a refund.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Access: You have the right to inspect and obtain a copy of your health information, which we maintain, with some limited exceptions. You may submit your request in writing to Dr. Michelle Thomas, MD, 3340 Providence Dr, Suite 359, Anchorage, AK 99508 in order to inspect and/or obtain a copy of your PHI. We may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

Right to Amend: You have the right to request an amendment of your health information that is maintained by or for our clinic and is used to make healthcare decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the information that is kept by or for our clinic; (3) is not part of the information which you are permitted to inspect and copy; or (4) is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request a list accounting, in writing, for any disclosure of your health information that we have made, except for uses and disclosures for treatment, payment, or healthcare operations or pursuant to a written authorization that you have signed.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use to disclose about you for treatment, payment or health care operations. You also have the right to request a limit of the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. *For example*, you could ask that we do not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us. In addition, you can also request to restrict disclosure of a healthcare item or service you received by our clinic, for payment or healthcare operations, in which you paid for in full out-of-pocket.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your healthcare in a certain way or at a certain location. *For example*, you can ask that we only contact you at work or by mail.

Right to a Paper Copy of this Notice: You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Notification Following a Breach: You have the right to be notified following a breach involving your health information.

QUESTIONS & COMPLAINTS

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer at 907-644-1033. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of Health and Human Services. To file a complaint with our office, contact our Privacy Officer at 3340 Providence Dr, Ste 359, Anchorage, AK 99508. All complaints must be in writing. You will not be penalized for filing a complaint.