



# Borland-Groover Clinic

## — Notice of Privacy Policy —

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Borland-Groover Clinic

#### Acknowledgement of Receipt of Privacy Policy

We are required by law to provide you with our Notice of Privacy Practices. To ensure that our records are accurate, please sign this form and return it to our receptionist to acknowledge that you have been provided with a copy of our notice.

*I acknowledge receipt of Borland-Groover Clinic's Notice of Privacy Practices.*

I hereby authorize Borland-Groover Clinic to share and/or discuss my medical information with the following individuals (family and/or friends):

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name (please print)

#### Introduction

At Borland-Groover Clinic, we are committed to treating and using protected health information about you responsibly. This notice of health information practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

#### Understanding Your Health Record/Information

Each time you visit Borland-Groover Clinic, a record of your visit is made. Typically, this record contains your symptoms, examination notes, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning our care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source of data for medical research,
- Source of data for our planning and marketing, and
- Tool with which we can access and improve the care we tender and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

#### Your Health Information Rights

Although your health record is the physical property of Borland-Groover Clinic, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.524,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.538,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

#### Our Responsibilities

Borland-Groover Clinic is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practice change, we will mail a revised notice to the address you've supplied us, or, if you agree, we will mail the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

#### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact our Privacy Officer, Vicki King at (904) 398-3262.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, or with the Office for Civil Rights. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

**Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201**

#### *Examples of Disclosures for Treatment, Payment and Health Operations (TPO)*

#### **We will use your health information for treatment.**

**For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from the hospital.

We will use your health information for payment.

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for normal health operations.

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business associates:** There are some services provided in our practice through contacts with business associates. Examples include physician services in the emergency department, radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services

rendered. To protect your health information, we require our business associate to safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person designated for your care.

**Communication from offices** We may call your home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO such as appointment reminders, insurance items, and any other call pertaining to your medical care. We may mail to your home or other designated location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements. We may e-mail to your home or other designated location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other you identify, health information relevant to that person's involvement in your care or payment of your care.

**Open treatment areas:** Patient care is sometimes provided in an open treatment area. While special care is taken to maintain patient privacy, some patient information may be overheard by others while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our Privacy Officer.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has received the research proposal and established protocols to ensure the privacy of your health information.

**Marketing:** We may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

**Fundraising:** We may contact you as part of a fundraising effort.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, or product and produce defects. We may also disclose post-marketing surveillance information to enable product recalls, repair, or replacement.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**IF YOU HAVE QUESTIONS REGARDING  
THIS POLICY, PLEASE CONTACT THE  
PRIVACY OFFICER**