

ROBERT D. PLAMBECK, M.D., P.C.
OBSTETRICS AND GYNECOLOGY
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LINCOLN NE 68510-7901
HIPAA NOTICE OF PRIVACY POLICY

When you come to the clinic of Robert D. Plambeck, M.D. for treatment, you entrust us with personal health and insurance information. This is necessary because we rely on you as the best and most important source of information about you. As a service to our patients, we handle your insurance submissions whenever possible or feasible. Some of this is done electronically.

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

Our Obligation:

We are required by law to

- Maintain the privacy of Protected Health Information (PHI).
- Give you this notice of our legal duties and privacy practices regarding Health Information about you.
- Follow the terms of our notice that is currently in effect.

How We May Use and Disclose Health Information:

Except for the following purposes, we will use and disclose Health Information only with your written permission. Disclosure may occur face-to-face, via telephone, encrypted internet, or in writing.

- *Treatment:* We may use and disclose PHI for your treatment and to provide you with treatment related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office who are involved in your medical care and need the information to provide you with medical care.
- *Payment:* We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.
- *Health Care Operations:* We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetric or gynecologic care you receive is of the highest quality. We also may share information with other entities that have a relationship with you. For example, your health plan, for their health care operation activities.
- *Appointment Reminders:* We may use and disclose Health information to contact you and to remind you that you have an appointment.
- *Interpretation Services:* We may use and disclose PHI with an interpreter acting on your behalf or that of your assigned family member or friend. For example, we may discuss treatment plans to provide care to you, or discuss billing information to obtain payment from you or your health insurance plan.

Special Situations

- *As Required By Law:* We will disclose PHI when required to do so by federal, state or local law.
- *To Avert a Serious Threat to Health or Safety:* We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- *Business Associates:* We may disclose PHI to our Business Associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform transcription services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- *Military:* Our practice may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- *Worker's Compensation:* We may release PHI for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- *Public Health Risks:* We may disclose PHI for Public Health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medication or problems with products; notify people of recalls of products they are using; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

- *Lawsuits and Disputes:* If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI 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.
- *Health Oversight Activities:* We may disclose PHI to a health oversight agency for activities authorized by law. The oversight activities *include*, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- *Law Enforcement:* We may release PHI if asked by a law enforcement official if the information 1) is 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, the location of the crime or victims, or the identity description or location of the person who committed the crime.
- *Coroner, Medical Examiners, and Funeral Directors:* We may release PHI to a Coroner or Medical Examiner. This may be necessary for identity or to determine cause of death.
- *National Security:* Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
- *Inmates for Individuals in Custody:* We may disclose your PHI to Correctional Institutions or Law Enforcement officials. This may be necessary for your health care, for the safety of the institutions and/or to protect the health or safety of others.

Your Rights:

You have the following rights regarding Protected Health Information that we have about you.

- *Right to Inspect and Copy:* You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records other than psychotherapy notes.
- *Right to Amend:* If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office.
- *Right to an Accounting of Disclosures:* You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment, and health care operations or for which you provided a written authorization.
- *Right to Request Restrictions:* You have the right to request a restriction or limitation on the PHI we disclose to someone involved in your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. We are not required to agree to your request. However, if we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- *Right to Withhold Information from your Health Plan:* You have the right to request claims and/or records not be disclosed to your Health Insurance Plan. Should you exercise this right, any charges associated with that encounter must be paid in full by you on the date of service. For example, you do not want claims with a particular diagnosis to be submitted to your Health Plan. Services related to that diagnosis must be paid in full at the time of service.
- *Right to Request Confidential Communication:* You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- *Right to Paper Copy of this Notice:* You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.
- *Right to Revoke:* You have the right to revoke your authorization of disclosure to release medical or billing information. For example, we have your written authorization to release PHI to a third party. You no longer wish to have information disclosed to that party; therefore, you may revoke your authorization.

All of the above requests must be made in writing to Robert D. Plambeck, M.D., P.C., Obstetrics and Gynecology, Attention Privacy Officer/Office Manager.

Our Rights:

- *Fee Assessment:* We reserve the right to assess a fee for disclosed records. We may seek payment from you for the disclosure of records requested or authorized by you. For example, you authorize the release of PHI for a disability claim. A nominal charge may be posted to your account to cover the cost of labor, supplies and/or postage for processing your request.
- *Changes to this Notice:* We reserve the right to change this notice and make the new notice apply to PHI we already have as well as information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the lower right corner of page two

Complaints: If you believe your rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact in writing our Privacy Officer. You will not be penalized for filing a complaint.