



Denali Asthma and Pulmonary

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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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your PHI. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health, health care services provided to you, or payment for health care services rendered.

Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office involved in your care for the purpose of providing health care services to you, paying your health care bills, supporting the operation of our medical practice, and for any other use required by law.

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and related services. For example, we may request your PHI from, or disclose your PHI to, other physicians and health care providers involved in your treatment and care.

Payment: We may use and disclose your PHI to bill and obtain payment from health insurers or other entities for services rendered to you. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health insurance plan to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose your PHI to operate our medical practice, improve your care, and contact you when necessary. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and credentialing activities, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

Other Uses and Disclosures: We are also allowed or required to share your PHI in certain other circumstances pertaining to: public health and safety issues (for example, communicable diseases; product recalls; adverse reactions to medications; suspected abuse, neglect or domestic violence; and situations that may endanger an individual’s health and safety); health research; health oversight agency activities; law enforcement and compliance with governmental requests; lawsuits and legal proceedings; criminal activity; work with coroners and funeral directors; organ donation; military activity, national security and presidential protective services; and workers’ compensation claims.

In any other situation not described above, we will not use or disclose your medical information without your express written consent and authorization. You may revoke your authorization at any time, in writing. However, any revocation will not apply to disclosures already made or taken in reliance on that authorization.

Patients' Rights

With respect to your protected health information (PHI), you have certain rights:

- You have the right to inspect and obtain an electronic or paper copy of your medical record and other health information with the exception of: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI.
- You have the right to request that your PHI be amended if you believe that it is incorrect or incomplete. If we deny your request, you have the right to file a statement of disagreement with us. Upon receipt of your statement, we will prepare and provide you with a rebuttal to your statement within 60 days.
- You have the right to request that we not use or share certain PHI for your treatment, payment, or our health care operations. For example, you may request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. Also, if you pay for a health care service or item out-of-pocket, you can request that we not share your PHI with your health insurer for purposes of payment or our operations. We are not required to agree to a restriction that you may request if your physician believes that it would adversely affect your care and is not in your best interests.
- You have the right to request an accounting of all disclosures of your PHI, with the exception of those for treatment, payment, and our health care operations, that we have made during the six years prior to the date of your request.
- In the event of a breach that may have compromised the privacy or security of your PHI, you have the right to receive notice of such breach.
- You have the right to request that we contact you with confidential communications in a specific way, such as by home or office phone, or by mail to a different address.
- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

For certain health information, you have the right and choice to tell us whether to: share information with your family, friends, or others involved in your care; share information in a disaster relief situation; include your information in a hospital directory.

Disclosures of your PHI for purposes of marketing our services and/or selling your PHI will never be made without your express written permission. In the case of fundraising, we may contact you for fundraising efforts but you have the right to opt out of receiving any future fundraising communications.

If you have given an individual medical power of attorney or if you have a legal guardian, the designated person will be able to exercise your rights on your behalf. We will make certain that the designated person has the authority to act on your behalf before any action is taken.

We are required by law to maintain the privacy and security of your PHI, follow the legal duties and privacy practices described in this notice, and provide you with a copy of this notice. This notice became effective on April 14, 2003 and remains in effect until replaced. We reserve the right to change the terms of this notice and will provide you with the new notice upon request. Any changes will apply to all information that we have about you.

If you believe that your privacy rights have been violated, you may file a complaint either with our Privacy Officer, Tearsa Nelson at the above stated address and phone number or with the U.S. Department of Health and Human Services Office of Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201 (1-877-696-6775). We will not retaliate against you for filing a complaint.

By signing this form, I acknowledge that I have read and understand the above Notice of Privacy Practices.

Signature of Patient or Responsible Party

_____/_____/_____
Date