

# HIPAA Notice of Privacy Practices



## Our Responsibilities

Family Medical is committed to maintaining and protecting the confidentiality of our patients' personal information in accordance with the *Health Insurance Portability and Accountability Act* (HIPAA). We are required by law to maintain the privacy of your medical information, provide this notice of our duties and privacy practices, and abide by the terms of our notice that is currently in effect. We reserve the right to change privacy practices and make the new practices effective for all of the information we maintain.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. This notice provides you with information to protect the privacy of your confidential health care information. The notice also describes the privacy rights you have and how you can exercise those rights.

## Your Rights

### You have the right to:

- ◆ Request that we restrict how we use or disclose your medical information (we are not required to abide by your request)
- ◆ Request that we use a specific telephone number or address to communicate with you
- ◆ Inspect and copy your medical information (fees will apply)
- ◆ Request amendment to your medical information (reason required)
- ◆ Receive an accounting of how your medical information was disclosed (excludes disclosures for treatment, payment, health care operations, and some required disclosures; fees may apply)
- ◆ Obtain a paper copy of this notice even if you receive it electronically.
- ◆ Register a complaint

### **If you have questions about this notice, please contact:**

The Security Risk Officer at Family Medical  
87 N. Main Street Leominster, MA  
Tel: 978-534-8701      Fax: 978-534-8705

All complaints will be investigated and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC.

*More information --->*

**PLEASE RETURN THIS LAMINATED NOTICE WITH YOUR CLIPBOARD.**

*If you wish to keep a copy of this notice please ask one of the medical secretaries. Thank you!*

## Disclosure of Health Information

The following describes the ways we may use and disclose health information that identifies you. We will use and disclose health information only with your written permission, other than for the purposes listed below. You may revoke such permission at any time by writing to our practice privacy officer.

**For Treatment:** We may use and disclose health information for your treatment and to provide you with treatment related health care services. For example, we may disclose health information to doctors, nurses, or other personnel, including people outside our office, who are involved in your medical care and need information to provide you with medical care.

**For Payment:** We may use and disclose health information 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 about you so that they will pay for your treatment.

**For Health Care Operations:** We may use and disclose health information to improve the services we provide, to train staff and students, for business management, performance improvement, and customer service.

**As Required by Law:** we will disclose health information when required to do so by international, federal, state, or local law.

There are limited times when we are permitted or required to disclose medical information without your signed permission. These situations include the following:

- ◆ For public health activities such as tracking diseases or medical devices
- ◆ To protect victims of abuse or neglect
- ◆ For federal and state health oversight activities such as fraud investigations
- ◆ For judicial or administrative proceedings
- ◆ If required by law or for law enforcement
- ◆ To coroners, medical examiners, or funeral directors
- ◆ For organ donation
- ◆ To avert serious threat to public health or safety
- ◆ For specialized government functions such as national security and intelligence
- ◆ To workers' compensation if you are injured at work
- ◆ To a correctional institution if you are an inmate
- ◆ For research following strict review to ensure protection of information

Effective: April 14, 2003

