

NOTICE OF PRIVACY PRACTICES

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Maintaining privacy of your medical information has always been part of our clinic mission. This Notice of Privacy Practices is in keeping with the Health Insurance Portability and Accountability Act (HIPAA). Additional copies are available on our clinic website at www.drshaliterman.com.

SECTION 1 – SUMMARY

We have created policies to protect you and make you aware of how we may use your personal information. We are also required by law to maintain the privacy of your personal information, to give you this notice and to abide by its terms. We reserve the right to change the terms of this notice and to make the changes effective for all the information we maintain.

We use and disclose your personal information to help with your treatment, payment for your treatment and our health care operations, and in other ways permitted or required by law. When the law requires us to get your permission before we disclose your information to another organization or person, or before we use it, we will do so as described below.

You also have specific rights related to your privacy. Those rights, and how you may exercise them, are described below.

SECTION 2 – DESCRIPTION OF OUR PRIVACY PRACTICES

What is "personal information"?

"Personal information" is information that identifies you and that relates to your past, present or future physical or mental health or condition, health care services and payment for those services. Personal information includes health information (such as diagnosis and treatment plans) as well as demographic information (such as your name, address, phone number, patient ID, payment information, social security or other identification number and date of birth).

How we use and disclose your personal information

We use and disclose your personal information only as needed to conduct or support treatment, payment or

related health care operations, or as otherwise authorized by you or by law.

Treatment

We will use and disclose your personal information for treatment purposes. For example: to provide, coordinate and manage your health care and related services or products; to share your personal information with doctors, nurses and other health care providers (such as those in X-ray, lab and pharmacy) who are involved in your care; and to share your personal information with people and organizations involved in coordinating or managing your care, such as medication and disease management providers.

If state law requires your written consent for us to disclose your personal information for treatment, we'll ask you for that consent. That consent will not generally be required in a medical emergency or for us to exchange information with affiliates.

In some cases, we participate in an organized health care arrangement. Providers that participate in an organized health care arrangement will use and share your personal information as necessary to carry out your treatment, payment or for its health care operations. An example of an organized health care arrangement is a hospital and doctors on that hospital's medical staff. The hospital and staff work together to provide your care. This may include the use of shared electronic health records, such as through EPIC with Park Nicollet Clinic-Health Partners, Methodist Hospital and Fairview Systems.

Payment

We will use and disclose your personal information for payment purposes. For example, to arrange for payment for services we provide to you, for eligibility and coverage inquiries, for prior authorization requests, to coordinate your benefits with other providers, for payer claims and quality reviews and to bill:

- Yourself.
- Your health plan, insurance company, plan administrator or plan sponsor.
- Medicare.
- Medical Assistance.
- Any other payer or program.

Health care operations

We will use and disclose your personal information to manage and improve our health care services and operations. Examples include:

- Quality assessment.
- Licensing and accreditation.
- Business planning and management.
- Training and evaluating the performance of health professionals and other members of our workforce.
- Legal and accounting services.

Business associates

Sometimes we provide services with the help of people who are not our employees and companies that are not our affiliates. We call these people or companies our "business associates." They may include, for example, quality reviewers, billing services, equipment technologists or technology vendors. We may give our business associates limited access to your personal information if they need that information to do work on our behalf. Under the law, business associates are required to safeguard your information in the same way we are required to safeguard your information.

Appointment reminders, treatment alternatives

We may use your personal information to give you:

- Appointment, service and prescription reminders.
- Information about treatment options and services.
- Information about other health-related products or services.

When we may use or disclose your personal information with your permission

In specific situations, we are required to get your written consent in order to share your personal information with nonaffiliated people or organizations for treatment, payment or health care operations. In those instances, we will ask you to give us this consent in writing. If you refuse, then we will be unable to bill your payer for your services and may need to bill you personally instead.

There may also be times when we would like to use or disclose your personal information in a way that is not considered treatment, payment or health care operations, and that use or disclosure would not otherwise be required or permitted by law. In those situations, we are required to ask for your written authorization. If you re-

fuse, you may do so without fear of reprisal. If you give your authorization but change your mind later, you may revoke it in writing at any time, except to the extent we have already relied upon it.

Family and friends involved in your care

Unless you object, we may disclose your personal information to your family members, to personal friends, or to any other person identified by you, if the information is directly relevant to that person's involvement with your care or payment related to your care. If you do not want us to disclose your personal information in these situations, you must let your caregivers know. We also may disclose your personal information if you are incapacitated, or in an emergency, if we feel it is in your best interest. We may also use or disclose your personal information to notify, identify or locate a member of your family or other person responsible for your care, including disclosures to disaster-relief organizations for notification purposes.

We will use our best judgment and experience in allowing people to pick up, on your behalf, forms of personal information. In some cases, we may require the person to show proper ID, and we may also require a signed authorization from you.

You may ask us not to use or disclose your personal information.

Additional limits on how we may use or disclose your personal information

Sale of your personal information

We will not sell or rent your personal information without your written authorization.

Marketing

We will not use or disclose your personal information for marketing purposes without your authorization, except in the limited situations permitted by law, such as letting you know about products and services that we offer.

When we may disclose your personal information without your permission

In the following situations we may be required or permitted to use or disclose your personal information without your permission, consistent with applicable law:

- When required by law.

- For public health activities, such as vital statistics, tracking controlled substance prescriptions, tracking and managing certain diseases, injuries and other health conditions, or reporting reactions to medication and problems with FDA-regulated products.
- To report concerns of certain types of abuse, neglect or domestic violence.
- To a health oversight agency for health oversight activities, such as audits, investigations, inspections and licensure activities.
- For legal proceedings, in response to a valid court order or administrative order or other lawful process.
- To law enforcement in certain circumstances, such as in response to a court or administrative order, warrant, or similar process; and, as permitted by law, to identify or locate a suspect, witness or missing person, to identify a victim of crime, or to report a crime.
- To a coroner, medical examiner or funeral director as permitted or required by law, such as to identify a deceased person, determine the cause of death or to carry out their necessary duties.
- To organ donation organizations to assist with organ or tissue donation and transplantation.
- To prevent a serious and imminent threat to the health or safety of a person or the public, or to help law enforcement identify or apprehend a person who has escaped lawful custody or who is involved with a violent crime that may have seriously harmed someone.
- For certain government functions, such as military, national security or lawful intelligence activities, or disclosures to a correctional institution if you are an inmate.
- As required for workers' compensation or similar programs.

Your privacy rights

State and federal laws give you rights that relate to the privacy of your personal information. Each of these rights is described below. If you want to exercise these rights, you must let us know in writing. For more information on these rights, see the Contact Information section below.

Right to review and get a copy of your personal information

You are encouraged to meet with Dr. Saliterman if you wish to review your medical history. You may request a summary or copies of your records pertaining to your current evaluation without a fee. You may also request certain records be sent to another physician for continuation of care. There is a fee required based on Minnesota Statutes for personal copies of your medical history or copies sent to insurance companies, attorneys and others unless described above. There is a fee for prepared summaries of your medical history.

Right to request an amendment of your personal information

You have the right to ask for an amendment of (change to) your personal information in our designated record set if you object or disagree with information in there. You must give us the reason for your request. We may deny your request if, among other reasons, the information was not created by us or if we believe it is otherwise accurate and complete. However, if we deny your requested change, you have the right to ask us to keep a copy of your objection or disagreement with your records.

Right to restrict disclosures to health plans

You have the right to prohibit us from disclosing your personal information related to a particular service to your health plan, if you pay us for that service in full rather than bill to your insurance. You must request this restriction in a signed and dated letter when you register with us at the time of your visit.

Right to request other restrictions of your personal information

You have the right to ask us not to use or disclose your personal information for any of the purposes described in this notice. We will consider your request, but we are not required to agree.

Right to request confidential communications

You have the right to ask us to communicate with you about confidential matters by alternative means or at alternative locations. We will make reasonable efforts to accommodate your request.

Right to receive an accounting of disclosure

Subject to certain exceptions, you have the right to receive from us, upon your request, a list of instances when we disclosed your personal information as described in the "Disclosures Permitted without your Authorization" section of this notice and of any unauthorized disclosures.

Additional privacy rights

You also have additional rights that do not require contacting us in writing.

Right to obtain a copy of this notice

You can request an additional copy of this notice using the Contact Information below.

Right to be notified of a breach

You have the right to receive notification of a breach of your unsecured personal information.

Right to complain about our privacy practices

If you believe we have violated your privacy rights, you may complain to us directly (see Contact Information below) or to the Office for Civil Rights of the United States Department of Health and Human Services. You may file a complaint without fear of reprisal.

Contact information

We encourage you to contact us if you have any questions about this Notice of Privacy Practices or to exercise your privacy rights.

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www.drshaliterman.com