

WVU Physicians of Charleston
NOTICE OF PRIVACY PRACTICES
Effective Date: April 14, 2003

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

WVU Physicians of Charleston (WVUPC) is required by law to maintain the privacy of protected health information and to provide individuals with notice of our privacy practices. When this notice refers to “we” or “us,” it means WVUPC, its faculty and staff, and all of the other health care providers who join with WVUPC in providing you with this notice. A list of those providers will be made available to you with a paper copy of this notice. We are required to abide by the terms of this notice, but retain the right to change our privacy practices in the future. If we do make changes, we will provide you with a new notice upon your next visit to our clinics, or upon your request.

This notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

A. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.

1. Treatment, Payment and Health Care Operations. We may use and disclose your health information without your authorization for treatment, payment, and health care operations. The following are examples of the types of uses or disclosures that may be made for each of these purposes.

- a. Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, residents, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, we may order physical therapy services for you and may need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We may need to refer you to another health care provider for consultation or for you to receive certain specialized health services. We will share information with that health care provider in order to coordinate your care and services.
- b. Payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment. For example, we may need to give health information to your health plan in order to obtain prior approval to refer you to a health care specialist, such as a neurologist or orthopedic surgeon, or to perform a diagnostic test such as a magnetic resonance imaging scan (“MRI”) or a CT scan.
- c. Health Care Operations.** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance, and business functions of our clinics. For example, we may use your health information to evaluate the performance of our staff in caring for you. We also may use and disclose your health information to other physicians, nurses, technicians, or health profession students for teaching and health education purposes.

B. USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS.

We may also use or disclose your health information without your authorization in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures in the manner provided for in this notice.

- 1. Appointment Reminders.** We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.
- 2. Treatment Alternatives & Health-Related Products and Services.** We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related products or services that may be of interest to you. For example, if you are diagnosed with a diabetic condition, we may contact you to inform you of a diabetic instruction class that we offer at one of our clinics.
- 3. Family Members and Friends.** We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

We also may disclose your health information to family members or friends in instances when you are unable to agree or to object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to that individual’s involvement in your care. For example, if you present to our clinic with an emergency medical condition, we may share information with the family member or friend that comes with you for evaluation and treatment. We also may share your health information with a family member or friend who calls us to request a prescription refill for you.

C. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION.

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

- 1. As Required by Law.** We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (DHHS) to disclose your health information in order to allow DHHS to evaluate whether we are in compliance with the federal privacy regulations.
- 2. Public Health Activities.** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, reactions to medications; or to facilitate product recalls. We will disclose your health information to appropriate authorities in cases of suspected abuse or neglect.
- 3. Health Oversight Activities.** We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys.
- 4. Judicial or Administrative Proceedings.** We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may, in a manner consistent with law, disclose your health information pursuant to a court order, a subpoena, or other lawful process.
- 5. Worker’s Compensation.** We may disclose your health information in order to comply with laws and regulations related to worker’s compensation programs.
- 6. Law Enforcement Officials.** We may disclose your health information in response to a request received from law enforcement officials to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
- 7. Coroners, Medical Examiners, or Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
- 8. Organ Procurement Organizations or Tissue Banks.** If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
- 9. Research.** We may use or disclose your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal, has established protocols to ensure the privacy of your health information, and has approved the research.
- 10. To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
- 11. Government Functions.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities, or for national security purposes as authorized by law.
- 12. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

D. USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION.

Except for the purposes identified above, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time, but must do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

E. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

You have the following rights which you may exercise, in writing, by completing a form that you can obtain from our clinic staff. In some instances, we may charge you for the costs associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from our administrative office at 3110 MacCorkle Ave., S.E., Charleston, West Virginia, 25304, Room 2062.

- 1. Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your health record. We may deny your request to inspect and copy your health record in certain limited circumstances. If you are denied access to your health record, you may request that the denial be reviewed.
- 2. Right to Amend.** You have the right to request an amendment of your health information that is maintained by or for our clinics and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended was not created by us, is not part of the information that is kept by or for our clinic, is not part of the information which you are permitted to inspect and copy; and/or is accurate and complete.
- 3. Right to Receive Confidential Communications.** You have the right to request confidential communications of your health information by receiving it in a certain manner at a certain time. We will try to accommodate reasonable requests.
- 4. Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your health information made by us. This accounting will not include disclosures of health information that we may have made for purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed.
- 5. Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations or to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us in order to be effective.
- 6. Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice upon request.

F. QUESTIONS OR COMPLAINTS.

If you have any questions regarding this notice, wish to receive additional information about our privacy practices, or wish to file a complaint about a violation of any of your privacy rights, please contact our administrative office by mail, to the attention of the Privacy Officer, at 3110 MacCorkle Ave. S.E., Charleston, West Virginia, 25304 or by phone at (304) 347-1354. You may file a complaint with any of our clinics or with the Secretary of the DHHS. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Note: We reserve the right to change this notice and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice, which will identify its effective date, in our clinics, and will provide you with a copy of any amended notice on your next visit after the amendment.