



## Notice of Privacy Practices

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AS WELL AS HOW TO OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Privacy Promise**

At Rocky Mountain MS Clinic (RMMSC) we understand that your health information is personal and confidential. We are dedicated to protecting the privacy of our patients, while following the laws set by the federal and state governments regarding the use of this information. It is important to know your rights regarding your health information.

### **Protected Health Information**

Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and/or mental health and related health care services. The US Department of Health and Human Services issued a standard for privacy of individually identifiable health information, known as the "Privacy Rule" to meet requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). To view the Privacy Act in its entirety, please visit <http://www.hhs.gov/ocr/privacy/>.

Our practice is required to follow specific rules on maintaining the confidentiality of your protected health information. This Notice describes your rights to access and control your protected health information, in accordance with HIPAA. If you have questions about this Notice, please contact our privacy manager.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. A revised Notice of Privacy Practices may be obtained by calling the office and requesting that a copy be mailed to you, or asking for one at the time of your next appointment.

### **Common Uses and Disclosures of Protected Health Information**

In order to provide you with health care services, it is necessary for RMMSC to use your health information to provide treatments, obtain payments, and for other operations required to provide care. Examples of how we may use this information are provided below:

1. **Treatments:** In order to provide, coordinate, or manage your health we keep records of any related service we may provide. This information may be disclosed to other health care providers in order to provide quality care. Examples include providing medical records to a consulting physician or to a home health agency who will also be involved in your medical care.
2. **Payment:** RMMSC also documents the services provided to you in order to obtain payment from you, your insurance company, or another third party. The bill for these services may include your diagnosis and any supplies or procedures that were used. We may also contact your insurance company to obtain a pre-authorization for future services.
3. **Health Care Operations:** We may use or disclose your protected health information in order to support the business activities of your physician's practices. This could include the training of our staff to improve the quality of our medical care. We may also call you by name in the waiting room when your physician is ready to see you. For business purposes, we may share information with contracting organizations. By law, these organizations must also follow the same federal and state regulations.

### **Required Uses and Disclosures of Protected Health Information**

There are twelve (12) special circumstances in which we are permitted or required to disclose personal health information without your authorization. These are outlined as follows:

1. **When required by law.**
2. **To avert a serious threat to the health and safety of others.** For example, the reporting of communicable diseases, traumatic injury, work-related illness, etc. to the Department of Health, etc.
3. **To protect victims of abuse, neglect, or domestic violence.**
4. **For health oversight activities.** For example, audits and investigations which are a part of the routine oversight in the health care system as well as government benefit programs.
5. **For judicial proceedings.** Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
6. **For law enforcement or court orders.**
7. **For funeral directors, coroners, or medical examiners.** This may be required to identify a deceased person or determine cause of death.
8. **For organ, eye, or tissue donation.**
9. **For research purposes.** This may occur only under strict federal guidelines.
10. **When there is a serious threat to health or safety.**
11. **For workers' compensation or other similar programs.**
12. **For government functions deemed essential.** This could include conducting intelligence and national security activities, protecting the President, or conducting military operations.

### **Your Rights Regarding Your Personal Health Information**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You also have the right to:

- Request special restrictions on how we use and share your health information. We will consider all requests for special restrictions carefully and implement those required by law. You will be notified of our decision regarding all requests.
- Request that we use a specific telephone number and/or address to communicate with you. You may make a written request during registration or anytime thereafter.
- Inspect and receive a copy of your health information including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information. If that is the case, you may request a review of the denial.
- Request an amendment to your health information.
- Request an accounting of certain disclosures we made of your health information. Your request must include a specific time period.
- If you received this notice electronically, you may request a paper copy.
- You have the right to designate a person with the delegated authority to consent to, or authorize the use or disclosure of, your protected health information.

Please note: All requests must be made in writing.

### **Changes to this Notice**

We reserve the right to change this Notice, and to make the revised or changed Notice effective for medical 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 in the office with its effective date listed on the final page of the notice. You are entitled to a copy of the Notice currently in effect.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office of with the Secretary of the Department of Health and Human Services. To file a complaint with our office, please contact Sydney Vivanco, Administrator, at 801-408-5700. You will not be penalized for filling a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the notice currently in effect.

This notice becomes effective on **October 5, 2017**