



# GREATER NEWPORT PHYSICIANS

## NOTICE OF PRIVACY PRACTICES

Effective: 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.**

### **OUR PLEDGE**

The protection of our members' privacy and the confidentiality of their medical information have always been important to us. We understand that you trust us to safeguard your personal information and respect your right to privacy. While we are not legally required to provide this notice, we do so as a demonstration of our commitment to your privacy and to inform you of our legal duties and privacy practices, as well as your rights, under California and federal law. We promise to follow the terms of this notice currently in effect.

### **YOUR PERSONAL INFORMATION**

We keep some records related to your medical insurance and the medical care you receive. We also obtain similar records from others. We use this information so that we, or other health care providers, can render quality medical care, obtain payment for services and enable us to meet our professional and legal responsibilities to operate our Independent Physicians Association (IPA). We may store this information in our computers. This notice explains how we use information about you and when we are allowed to share that information with others.

### **OUR PRIVACY PRACTICES**

It is our policy to maintain reasonable and feasible physical, electronic and process safeguards to restrict unauthorized access to and protect the availability and integrity of your health information.

Our protective measures may include secured office facilities, locked file cabinets, managed computer network systems and password protected accounts.

Access to health information is only granted on a "need-to-know" basis. Once the need is established the access is limited to the minimum necessary information to accomplish the intended purpose.

Our staff are required to comply with the policies and procedures designed to protect the confidentiality of your health information. Any staff that violate our privacy policy are subject to disciplinary action.

### **HOW WE MAY USE OR SHARE YOUR INFORMATION**

Sharing of health information frequently occurs in a variety of electronic forms but may also involve paper records. We believe that electronic access to health information is vital to coordination of quality care. Subject to the following limitations your information will be accessed and shared electronically. If you object to the electronic sharing of your information we ask that you seek care from a provider affiliated with a different physician organization. The following categories describe situations where the law allows us to use and share your health information without obtaining your prior consent. We give examples for each category that illustrate that type of use or disclosure. Not every possible use or disclosure is listed, but the ways in which we are legally permitted

to use and share your health information will fall into one of these categories.

### **Treatment**

We use information about you to coordinate your medical care. We disclose this information to our employees and others who are involved in reviewing the care you receive. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

### **Payment**

We use and disclose medical information about you to obtain payment for the services you receive. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other healthcare providers to assist them in obtaining payment for services they provide you.

### **Health Care Operations**

We may use and disclose medical information about you to properly operate and manage our IPA. For example, we may use and disclose this information to review and improve the quality of the care you receive, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud, waste and abuse detection, compliance programs and business planning and management. We may also share your health information with our business associates that perform services for us. However we will not share your health information with them unless they agree in writing to protect the privacy of that information. Under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with other providers, clearing houses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve member health or reduce healthcare costs, their review of competence, qualifications and performance of health care professionals, their training programs, their

accreditation, certification or licensing activities, or their health care fraud, waste and abuse detection and compliance efforts.

### **Notifications**

We may disclose information to someone who is involved with your care or helps pay for your care.

### **Marketing**

We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with promotional items.

### **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process.

### **Special Circumstances and the Law**

Special situations and certain laws may require us to use or release your health information. For example, we may be required to release your health information to others for the following reasons:

- Whenever we are required to do so by law; for example, to the extent your care is covered by Workers' Compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupation related injury or illness to the employer or Workers' Compensation insurer.
- To report information to agencies that regulate our business, such as the U.S. Department of Health and Human Services and the California Department of Health and Managed Care.
- To assist with public health activities; for example, we may report health information to the Food and Drug Administration for the purpose of investigating or tracking a prescription drug or medical device malfunctions.
- To report information to public health agencies if we believe there is a serious threat to your health and safety or that of another person or the general public; this includes disaster relief efforts

- To report certain activities to health oversight agencies; for example, we may report activities involving audits, inspections, licensure and peer reviews
- To assist courts or administrative agencies; for example, we may provide information pursuant to a court order, search warrant or subpoena, or when required by the investigation of a duly authorized administrative agency
- To support law enforcement activities; for example, we may provide health information to law enforcement agents for the purpose of identifying an individual or locating a fugitive, material witness or missing person.
- To correctional institutions, law enforcement officials or military authorities that have you in their lawful custody
- To report information to a government authority regarding child abuse, neglect or domestic violence
- To share information with a coroner or medical examiner as authorized by law. We may also share information with funeral directors, as necessary to carry out their duties.
- To use or share information for procurement, banking or transplantation of organs, eyes or tissues
- To report information regarding job-related injuries as required by your state workers' compensation laws
- To share information related to specialized government functions, such as military and veterans activities, national security and counter-intelligence purposes, or in support of providing protective services for the President, foreign heads of state and other designated persons
- To a family member or friend under any of the following circumstances: (1) if you provide a verbal agreement to allow such a disclosure; (2) if you are given an opportunity to object to such a disclosure and you do not raise an objection; or (3) if it can be inferred from the circumstance, based on our professional judgment, that you would not object.
- In the event that our IPA is sold or merged with another organization, your medical information will be transferred to the new owner(s), although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

- We may use or share your health information when it has been “de-identified.” Health information is considered de-identified when it has been processed in such a way that it can no longer personally identify you.
- We may also use a “limited data set” that does not contain any information that can directly identify you. This limited data set may only be used for the purposes of research, public health matters or health care operations. For example, a limited data set may include your city, county and zip code, but not your name or street address.

### **YOUR WRITTEN PERMISSION**

The law requires us to obtain your written permission – called an authorization – prior to using or sharing any health information that identifies you as an individual for any purpose other than those described in this Notice of Privacy Practices, or as otherwise permitted by law. If you provide such an authorization and then change your mind, you may revoke your authorization in writing at any time.

Once an authorization has been revoked, we will no longer use or share your health information as outlined in the authorization form; however you should be aware that we won't be able to retract a use or disclosure that was previously made in good faith based on what was then a valid authorization from you.

Except as specified above, under California law we may not share your health information with your employer or benefit plan unless you provide us an authorization to do so.

### **OTHER RESTRICTIONS**

In California there may be additional laws regarding the use and disclosure of health information related to HIV status, communicable diseases, reproductive health, genetic test results, substance abuse, behavioral health and mental retardation. Generally we will be bound by whatever law is more stringent and provides more protection for your privacy.

### **YOUR RIGHTS**

The following are your rights with respect to your health information. You have the right to:

- Ask us to restrict how we use or share your health information for treatment, payment or health care operations. You also have the right to ask us to restrict health information that we have been asked to give to family members or

to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your requests, we are not required by law to agree to these types of restrictions;

- Request confidential communications of health information. For example, you may ask that we send information to your work address. We will accommodate all reasonable requests submitted in writing;
- Inspect and copy your health information, with limited exceptions. To access your record, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We may charge you a reasonable fee for copies as allowed by law. Under certain circumstances we may deny your request. If we do deny your request, we will notify you in writing and may provide you the opportunity to have the denial reviewed;
- Request an amendment to your health information that you believe is incorrect or incomplete. We may require your request be in writing and that you provide a reason for the request. If we make the amendment, we will notify you. If we deny your request, we will notify you of the reason in writing. This written notification will explain your right to file a written statement of disagreement. In return, we have a right to rebut your statement. Furthermore, you have the right to request that your initial written request, our written denial and your statement of disagreement be included with your health information for any future disclosures;
- Receive an accounting of certain disclosures of your health information made by us during the six years prior to your request. We may require that your request be in writing. Your first accounting is free. Subsequently, you are allowed one free accounting request every 12 months. If you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. Please note that we are not required to provide you with an accounting for any information:

- Disclosed prior to April 14, 2003;
- Shared for treatment, payment or health care operations as described above;
- Previously disclosed to you;
- Shared as part of an authorization request;

- Incidental to a use or disclosure that is otherwise permitted;
- Provided for use in a facility directory;
- Provided to persons involved in your care or for other notification purposes;
- Shared for national security, intelligence or counter-intelligence purposes;
- Shared or used as part of a limited data set for research, public health or health care operations purposes;
- Disclosed to correctional institutions, law enforcement officials, military authorities, or health oversight agencies.

### **CHANGES**

Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all the health information that we maintain, regardless of when it was created or received. We will provide you a copy of the revised notice and will post it publicly as required by law.

### **QUESTIONS OR COMPLAINTS**

If you have any questions regarding this notice of privacy practices, if you require additional information, or you believe your privacy rights have been violated, please contact our Privacy Officer at:

Greater Newport Physicians  
P.O. Box 6270  
Newport Beach, CA 92658  
(949) 574-4575

No action will be taken against you and you will not be penalized in any way for filing a complaint with us.

If you prefer, you may direct your complaints to the Secretary of the United States Department of Health and Human Services.