

# Physical Medicine of Oklahoma

## NOTICE OF PRIVACY PRACTICES

**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.**

### **WHO WILL FOLLOW THIS NOTICE**

This Notice describes the privacy practices of Physical Medicine of Oklahoma and its affiliates.

### **ABOUT THIS NOTICE**

This Notice will tell you about the ways we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

- maintain the privacy of protected health information;
- give you this Notice of our legal duties and privacy practices with respect to your health information; and
- abide by the terms of the Notice currently in effect.

### **ELECTRONIC HEALTH RECORDS**

Physical Medicine of Oklahoma uses an electronic health record to store, send and retrieve much of your health information. One of the advantages of Physical Medicine of Oklahoma's electronic health record is the ability to share and exchange health information among our personnel and other health care providers who are involved in your care. When Physical Medicine of Oklahoma enters your information into the electronic health record, it may share that information as permitted by law by using shared clinical databases and health information exchanges. Physical Medicine of Oklahoma may also receive information about you from other health care providers who are involved with your care by using shared databases or health information exchanges.

We may seek your consent to access medical information from your other health care providers that is available.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and give examples.

- **For Treatment.** We may use health information about you to provide you with medical treatment or services and to send you appointment reminders. We may disclose health information about you to doctors, nurses, technicians, or other individuals who are involved in your care. Different departments within Physical Medicine of Oklahoma's affiliated organizations also may share health information about you in order to coordinate the different services or items you need, such as prescriptions, lab work and x-rays.
- **For Payment.** We may use and disclose health information about you to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your healthcare so they will pay us or reimburse you for the treatment. We may also tell your health plan about the treatment you are going to receive to determine whether your plan will cover it. Your health plan may request additional information.
- **For Healthcare Operations.** We may use and disclose health information about you for operations of Physical Medicine of Oklahoma. These uses and disclosures are necessary to run Physical Medicine of Oklahoma and make sure that all of our patients receive quality care. For example, we may use health information to evaluate the performance of our staff in caring for you. We may combine health information about many patients to evaluate the need for new services. We may disclose information to doctors, nurses, technicians and medical students and other Physical Medicine of Oklahoma personnel for educational purposes. We may also disclose health information about you to other healthcare facilities that have treated you for their quality review related to that treatment.
- **Marketing.** Health information about you cannot be used for marketing purposes without your authorization, unless the activity relates to certain permitted exceptions that relate to your treatment or care.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release relevant health information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

### **USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW**

Subject to requirements of federal, state and local laws, we are either required or permitted to report your health information for various purposes. Some of these report requirements and permissions include:

- **Public Health Activities.** We may disclose your health information to public health officials for activities related to the prevention or control of communicable disease; to report suspected abuse, neglect or domestic violence or when required to avert a serious threat to health or safety.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure.
- **Judicial or Administrative Proceeding.** We may disclose your health information when required by court order or warrant.
- **Law Enforcement.** We may disclose your health information to a law enforcement official if required bylaw or by a warrant or court order.

- **Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to coroner or a medical examiner. This may be necessary to identify a person who died or to determine the cause of death. We may disclose health information to help a funeral director carry out his/her duties.
- **Research.** We may use or disclose your health information for research approved by an Institutional Review Board or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws.
- **Military.** If you are a member of the armed forces of the United States or another country, we may disclose health information about you as required by military command authorities.
- **National Security.** We may disclose your health information to federal official(s) for national security activities authorized by law.

#### **USES AND DISCLOSURES SPECIFICALLY AUTHORIZED BY YOU**

We may make other uses and disclosures of your health information only with your specific written authorization. Specifically, we may not use or disclose your health information for marketing purposes and we may not sell your health information without your written authorization.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually this includes medical and billing records. All requests to inspect and copy health information must be made in writing to Physical Medicine of Oklahoma Medical Records Department. If you seek an electronic copy of your electronic medical record in a specific form and format that is not readily producible, we will work with you on providing an alternative. If you have specific questions regarding your privacy rights contact Physical Medicine of Oklahoma's Privacy Office as set forth on the last page of this Notice.
- **Right to Amend.** You have the right to request an amendment to your health information that you believe is incorrect or incomplete. Submit your request in writing to Physical Medicine of Oklahoma's Privacy Office as provided on the last page of this Notice, including your reason for the amendment. We may deny your request if we believe that the information that you would like to amend is accurate and complete or other circumstances apply. If your request for amendment is denied, you will be notified in writing of the reason for the denial and you may submit a written statement disagreeing with the information which will become part of your medical record.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures made within the past six years. This is a list of certain disclosures we made of your health information without your authorization for purposes other than treatment, payment or health care operations. Submit your request in writing to Physical Medicine of Oklahoma's Privacy Office as provided below.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on how much of your health information we use or disclose for treatment, payment, or health care operations. Submit your specific request in writing to Physical Medicine of Oklahoma's Privacy Office. We do not require a reason for the request. We are not required to agree to your request with the exception of a request to limit access by, or disclosure to, a health plan if you have paid for the health services at the time of service. If we agree to a restriction, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at an alternative location from your home address, such as work, or only contact you by mail instead of phone. Your request must specify how or where you wish to be contacted. We do not require a reason for the request. We will accommodate all reasonable requests.
- **Right to Receive a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice at any time contact the Privacy Office. The Privacy Office contact information is listed below.
- **Right to Receive Notification Following a Breach of Your Health Information.** We will provide you written notification in the event of a breach of the confidentiality of your health information.

#### **CHANGES TO THIS NOTICE**

We may change the terms of this Notice at any time. If we change this Notice, we may make the new terms effective for all health information that we maintain including any information created or received prior to issuing the new Notice. We will post copies of the current Notice at Physical Medicine of Oklahoma facilities and on our internet site at [www.physicalmedicineok.com](http://www.physicalmedicineok.com). You may also obtain a new Notice by contacting the Privacy Office. The Privacy Office contact information is listed below.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Physical Medicine of Oklahoma or with the Secretary of Health and Human Services. To file a complaint with Physical Medicine of Oklahoma, please call or write to the Privacy Office.

#### **FOR MORE INFORMATION OR FURTHER QUESTIONS PLEASE CONTACT:**

The Privacy Office  
Physical Medicine of Oklahoma  
800 W. 18<sup>th</sup> Street, Suite 130  
Edmond, OK 73013  
(405) 726-2727

Effective Date: January 1, 2015