

# NOTICE OF PRIVACY PRACTICES

Effective September 23, 2013

**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.**

The following is the Notice of Privacy Practices ("Privacy Notice") of Joseph G. Gregory, M.D., LLC, as described in the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder ("HIPAA"). HIPAA requires, among other things, that we maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to your protected health information. Among other things, this Privacy Notice also describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required by law to abide by the terms of this Privacy Notice.

We are required to provide this Privacy Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, whether written or in electronic format, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Privacy Notice or about our privacy practices, please contact the Privacy Officer, Dr. Joseph G. Gregory, by telephone at (205) 913-6611 or in writing at Joseph G. Gregory, M.D., LLC, PO Box 660816, Birmingham, Alabama 35266.

*We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.*

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## **A. HOW THIS MEDICAL PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED**

**HEALTH INFORMATION:** The following categories describe different ways we are permitted to use and disclose health information.

**1. Treatment.** We may use and disclose your protected health information to provide, coordinate, or manage your health care treatment and related services. An example of treatment activities include: (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another. For example, we may share your medical information with other physicians or other health care providers who will provide services that 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 also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

**2. Payment.** We may use or disclose your protected health information to other providers, insurance companies, and other consumer reporting agencies so they may bill and collect payment for treatment and services we have provided to you. Examples of payment activities include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

**3. Health Care Operations.** We may use or disclose your protected health information in connection with certain health care operations. Examples of health care operations include: (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or case coordination; (c) reviewing the qualifications of and training health care professionals; (d) underwriting and premium rating; (e) medical review, legal services, and auditing functions; and (f) general administrative activities such as customer service and data analysis. We may also share your medical information with our "business associates" that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses 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 patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, 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 and abuse detection and compliance efforts.

**4. Appointment Reminders.** We may use and disclose your protected health information to provide a reminder to you about an appointment you have for treatment or medical care with us. 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.

**5. Sign In Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**6. Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**7. Marketing.** Provided we do not receive any payment for making these communications, 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, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

**8. Sale of Health Information.** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

**9. Required by Law.** We will disclose your protected health information when required to do so by federal, state or local law, or other judicial or administrative proceedings. We will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities. In the event that Alabama law requires us to give more protection to your health information than stated in this Privacy Notice or required by federal law, we will give that additional protection to your health information.

**10. Public Health.** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

- 11. Health Oversight Activities.** We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
- 12. Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your health information in a judicial or administrative proceeding if the request is through an order from a court or administrative tribunal. We may also disclose your health information in response to a subpoena or other lawful process if required or permitted by law.
- 13. Law Enforcement.** We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
- 14. Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to a coroner or medical examiner to perform functions required by law. We may also release your health information to funeral directors as necessary for them to carry out their duties.
- 15. Cadaveric Organ, Eye, and Tissue Donation.** We may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ and tissue donation and transplantation.
- 16. Public Safety.** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.
- 17. Proof of Immunization.** We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
- 18. Specialized Government Functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
- 19. Workers' Compensation.** We may disclose your health information as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.
- 20. Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
- 21. Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances our business associate may provide the notification.
- 22. Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal

proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

**23. Research.** Under special circumstances, we may use your protected health information for research purposes or in connection with a limited data set, as permitted or required by law.

**24. Fundraising.** We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

## **B. WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH**

**INFORMATION:** Other uses and disclosures of health information not covered by this Privacy Notice or the applicable law will be made only with your written permission. If you provide us with permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission. We will retain records of the care that we provide you for the period of time required by applicable law.

**C. YOUR HEALTH INFORMATION RIGHTS:** You have the following rights regarding the health information we maintain about you:

**1. Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require your authorization. You may request a restriction by submitting the request in writing to: Joseph G. Gregory, M.D., LLC, PO Box 660816, Birmingham, Alabama 35266. Please include your full name and date of birth with the request.

**2. Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. You

have the right to request how and where we contact you about medical matters. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative means of communications by submitting a written request to: Joseph G. Gregory, M.D., LLC, PO Box 660816, Birmingham, Alabama 35266. Please include your full name and date of birth with the request.

**3. Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To inspect and copy your health information, please contact Dr. Gregory at Joseph G. Gregory, M.D., LLC, PO Box 660816, Birmingham, Alabama 35266. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will respond to you within 30 days of receiving your written request (or 60 days if the requested information is kept offsite). We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

**4. Right to Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You have the right to request that we make an amendment to clinical, billing and other records used to make decisions about you or your health care. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if: (a) the information was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) the information is not part of the health information used to make decisions about you; (c) we believe the information is correct and complete; or (d) you would not have the right to inspect and copy the record as described above. We will tell you in writing the reason(s) for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you named that have received your protected health information. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. Please submit your request for amendment in writing to: Joseph G. Gregory, M.D., LLC, PO Box 660816, Birmingham, Alabama 35266. Your written request should include your full name, date of birth and any other pertinent information needed to identify your record. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

**5. Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use

or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities. You have the right to receive a written list of certain disclosures we made of your protected health information. You may ask for disclosures made up to six (6) years before your request. This does not include any disclosures made before April 14, 2003. We are required to provide a listing of all disclosures except under certain circumstances. If you request this accounting more than once in a 12-month period, we may charge a reasonable fee for responding to the additional requests. To request this list or accounting of disclosures, you must submit your request in writing to: Joseph G. Gregory, M.D., LLC, PO Box 660816, Birmingham, Alabama 35266. Please include your full name and date of birth with your written request.

**6. Right to a Paper or Electronic Copy of this Notice.** We will provide a paper copy of this Privacy Notice to you no later than the date you first receive services from us except for emergency services, in which case we will provide the Privacy Notice to you as soon as possible or practical. You may obtain a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. You may also obtain a copy of this Notice, which will be posted, at any time from our office.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact Dr. Gregory by telephone at (205) 913-6611 or in writing at Joseph G. Gregory, M.D., LLC, PO Box 660816, Birmingham, Alabama 35266.

**D. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:**

We are required by law to: (1) maintain the privacy of your protected health information; (2) provide you with certain rights with respect to your protected health information; (3) provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and (4) follow the terms of this Notice that is currently in effect. We are committed to protecting the privacy of your health information. We reserve the right to change the terms of the Privacy Notice and to make new provisions effective for your protected health information that we maintain, as allowed or required by law. If we make any material change to this Privacy Notice, we will notify you of our revised Notice of Privacy Practices on the following appointment. We will provide you with a copy of our revised Privacy Notice if you agree to receive one. A copy of the revised Privacy Notice will be prominently displayed in the office. Additionally, at any time you may receive a copy of the revised Privacy Notice by calling and requesting one be sent to you or by requesting one be left available for pickup from our office. If we maintain a website that provides information about our entity, this Privacy Notice will be on the website.

**E. CONTACT FOR QUESTIONS OR COMPLAINTS:** If you have any questions regarding this Privacy Notice or if you believe that your privacy rights have been violated or you wish to file a complaint about our privacy practices, you may contact Dr. Gregory by telephone at (205) 913-6611, or in writing at Joseph G. Gregory, M.D., LLC, PO Box 660816, Birmingham, Alabama 35266. Please provide your full name and date of birth with your request/complaint. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services, or any state law agency that regulates this office. You will not be penalized or retaliated against for filing a complaint.