

# Notice of Health Information Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## DIGESTIVE DISEASE SPECIALISTS, INC. AND ITS AFFILIATES

Digestive Disease Specialists, Inc. • 3366 N.W. Expressway, Suite 400 • Oklahoma City, OK 73112  
Digestive Disease Specialists, Inc. • 3366 N.W. Expressway, Suite 300 • Oklahoma City, OK 73112  
Digestive Disease Specialists, Inc. • 3366 N.W. Expressway, Suite 380 • Oklahoma City, OK 73112  
Digestive Disease Pathology, LLC • 3366 N.W. Expressway, Suite 350 • Oklahoma City, OK 73112  
Digestive Disease Specialists, Inc. • 4201 S. Western Avenue • Oklahoma City, OK 73109  
DDSI South AEC, L.L.C. • 4201 S. Western Avenue • Oklahoma City, OK 73109  
Digestive Disease Specialists, Inc. • 8121 National Avenue, Suite 303 • Midwest City, OK 73110  
Digestive Disease Specialists, Inc. • 5015 N. Pennsylvania Ave., Suite 303 • Oklahoma City, OK 73112  
Digestive Disease Specialists, Inc. • 1205 Health Center Parkway, Suite 220 • Yukon, OK 73099  
Digestive Disease Specialists, Inc. • 4811 Gaillardia Parkway, Suite 200 • Oklahoma City, OK 73142  
Digestive Disease Specialists, Inc. • 4833 Integris Parkway, Suite 315 • Edmond, OK 73034

### **UNDERSTANDING YOUR HEALTH INFORMATION**

Each time you visit a hospital, doctor or other healthcare provider, a record of your visit is made. Usually this record contains your symptoms, test results, diagnoses, treatment and plan for future care. This information is called your health or medical record. This information is used for:

- Planning your care and treatment
- Communicating among the health professionals involved in your care
- Legal documentation describing the care you received
- Verification that you received services in order to bill your insurance company, or other party
- A tool for educating health care professionals
- A source of information for medical research
- Public health officials for the purpose of improving public health
- Planning and marketing
- A tool which may help us improve the care we give you

*Understanding what is in your medical record and how your health information is used helps you to:*

- Make sure the information is correct
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing others to access your records

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

All physicians, employees and staff of Digestive Disease Specialists, Inc. and its affiliates, all listed on the first page (DDSI), will follow these privacy practices.

### **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE**

You will be asked to sign a form when you visit any DDSI office. The reason for this is to make sure you understand the possible uses and disclosures of your protected medical information and your privacy rights.

## **OUR RESPONSIBILITIES**

Digestive Disease Specialists, Inc. is required to:

- Keep your health information private
- Provide you with this notice of our legal duties and privacy practices with respect to your protected medical information
- Follow the terms in this notice, or the most up-to-date version of this notice
- Notify you if we are unable to agree to a requested restriction
- Permit reasonable requests to discuss your health information with you in a certain way or at a certain location

We will not release your health information without your written permission, except as described in this notice.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of Digestive Disease Specialists, Inc., the information belongs to you. You have a right to:

### **• Right To Inspect And Obtain A Copy**

You have the right to look at or copy your medical records. Usually this includes medical and billing records, but does not include mental health notes, or information subject to law that prohibits your access to such information.

*To inspect or obtain a copy of your protected medical information, you must make your request in writing to the receptionist at the office where you received your care. Locations are listed on the cover of this brochure.*

Your written request should include:

- Your name
- Date of birth
- Reason for requesting your health information
- Social security number
- Date of treatment(s) at Digestive Disease Specialists, Inc.
- Specific information needed, such as physician notes, test results, etc.
- Whether you would like your records sent to you by mail, fax or email

If you request a copy of your medical information, we may charge a fee for the cost of copying, mailing or other supplies related to your request.

### **• Right to Amend**

If you feel that the medical information we have about you is incorrect, you may ask to change the information. You have the right to request a change for as long as the information is kept by or for DDSI.

*To request an amendment, you must make your request in writing to the receptionist at the location where you received your care. Locations are listed on the cover of this brochure.*

In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by DDSI staff, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for DDSI
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

### **• Right to an Accounting of Disclosures**

You have a right to request an "accounting of disclosures". This is a list of each time your medical information was shared with you or others. This does not include disclosures we may have made to you and disclosures for payment, treatment, and healthcare operations. This also excludes disclosures made according to your written authorization, disclosures of facility directory information or disclosures to family members or friends involved in your care, for notification purposes, for national security purposes, and disclosures of limited data sets which do not directly identify you.

*To request this list of disclosures, you must make your request in writing to the receptionist at the office where you received your care. Locations are listed on the cover of this brochure.*

Your request must state a time period which may be no longer than 6 years and may not include dates before April 14, 2003. You may have one list free of charge within each 12 month period. If you request additional lists, we may charge you for the cost of providing the list.

### **• Right to Request Restrictions**

You have a right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

In most cases, we are not required to agree with your request. If we do agree, we will obey your request unless the information is needed to provide you emergency treatment. We must agree to restrict disclosures of protected medical information to a health plan for payment or healthcare operation purposes if you paid for an item or service out-of-pocket.

*To request restrictions, you must make your request in writing to the receptionist at the office where you received your care. Locations are listed on the cover of this brochure.*

Your written request should include:

- What information you want to limit;
- Whether you want to limit our use, disclosure, or both; and
- To whom you want the limits to apply, for example, disclosures to your spouse

- **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

*To request confidential communications, you must make your request in writing to the receptionist at the location where you received your care. Locations are listed on the cover of this brochure.*

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us for a copy at any time.

- **Right to Notification of a Breach**

You have the right to be notified of a breach of unsecured protected health information.

#### **EXAMPLES OF HOW WE MAY USE & DISCLOSE YOUR MEDICAL INFORMATION**

**Treatment:** We may use protected medical information about you to provide you with medical treatment or services. We may disclose protected medical information about you to doctors, nurses, technicians, medical students, pharmacists, or other personnel who are involved in taking care of you. Different departments of our practice also share medical information about you in order to coordinate your needs, such as prescriptions, lab work, and x-rays.

**Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected

from you, an insurance company, or a third party. For example, we may need to give information about your treatment to your insurance company so that they will pay us or reimburse you.

**Appointment Reminders:** We may use information such as your name and doctor's name to contact you as a reminder that you have an appointment for a procedure, treatment or medical care.

**Treatment Alternatives:** We may use and disclose protected medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits & Services:** We may use and disclose protected medical information to tell you about health related benefits or services that may be of interest to you.

**Health Care Options:** We may use and disclose protected medical information during the routine health care operations of Digestive Disease Specialists, Inc., including quality assurance, utilization review, auditing, credentialing, licensing, and similar purposes. For example, we may use your medical information to perform a quality assurance review of your medical care.

**Informing Individuals Involved in Your Care or Payment for Your Care:** We may release protected medical information about you to a friend or a family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose protected medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

**Research:** Under certain circumstances, we may use and disclose protected medical information about you for research purposes. For example, a research project may involve comparing the health records of all patients who received one medication to those who received another for the same condition. All research projects are subject to a special approval process. Before we use or disclose medical information for research, the project will be approved through this approval process.

**As Required by Law:** We will disclose protected medical information about you when required to do so by federal, state or local law.

**Avoiding Serious Threat to Health or Safety:** We may use and disclose protected medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of others. Any disclosure; however, would only be to someone able to prevent the threat.

**Organ & Tissue Donation:** If you are an organ donor, we may release protected medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ bank, as necessary to facilitate organ or tissue donation and/or transplantation.

**Military & Veterans:** If you are a member of the armed forces, we may release protected medical information about you as required

by military command authorities. If you are in the service of a foreign military authority, we may release protected medical information to such foreign military authorities as required bylaw.

**Workers' Compensation:** We may release protected medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Release of such information is controlled by state and/or federal law.

**Public Health Purposes:** We may disclose protected medical information about you for public health activities, such as:

- the prevention or control of disease, injury or disability
- to report births and deaths
- to report a known or suspected crime
- to report child abuse or neglect
- to report problems with or reactions to medications or medical products
- to notify anyone who may have been exposed to a disease or at risk for contracting or spreading a disease or condition
- to notify the appropriate authorities if we believe a patient has been the victim of domestic violence, abuse or neglect

**Health Oversight Activities:** We may disclose protected medical information to a government health agency, such as Medicare or Medicaid for activities authorized by law, for example: audits, investigations, inspections or licensure.

**Lawsuits & Disputes:** If you are involved in a lawsuit or dispute, we may disclose protected medical information about you as required by law, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release protected medical information for law enforcement purposes as required by law, such as in response to a subpoena. **Medical Examiners & Funeral Directors:** We may release protected medical information to a medical examiner or funeral director, for example to identify a deceased person or determine the cause of death, or for the purposes of carrying out their duties.

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**National Security:** We may release protected medical information about you to authorized federal officials for intelligence or counterintelligence purposes and/or for other national security purposes as authorized by law, including protection of the president and other heads of state.

**Correctional Institution:** If you are an inmate of a correctional institution, we may release health information necessary for your health and the health and safety of others.

**Other Uses:** Other uses and disclosures of your medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or release medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer release medical information about you for the reason covered by your written authorization. We are unable to withdraw any disclosures we have already made with your permission, and that we are required to keep our records of the care that we provide you.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected 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 our office. The notice will contain on the first page, in the top right hand corner, the effective date, April 14, 2003. In addition, each time you are in our office for treatment or health care services, we will offer you a copy of the current notice in effect.

## TO REPORT A PROBLEM

If you feel that your privacy rights have been violated, you may file a complaint with our office at:

HIPAA Privacy Officer  
5015 N Pennsylvania Ave, Suite 100  
Oklahoma City OK 73112

Or at:

HIPAA Complaint  
Office of Civil Rights Region VI  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas TX 75202

*All complaints must be submitted in writing. You will not be penalized for filing a complaint.*