

Gina S. Nelson, MD, PC  
**NOTICE OF PRIVACY PRACTICES**

Effective 4-14-03

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 Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuses personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays that are provided by other healthcare organizations.
- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery or a treatment you are going to receive to obtain prior approval and payment. We may also share information about you and any insurance information with other health care providers to assist them in getting payment for a service they have provided you.
- **Health care operations.** This includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.
- **As Required By Law** - We will disclose medical information about you when required to do so by federal, state or local law.

Use and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by **presenting a written request** to the Privacy Officer.

- The right to request restrictions on certain uses and disclosures of protected health information, including disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. A restriction is not granted until you receive written notice of its approval. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- 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. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- The right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances if we judge that disclosing information could be detrimental to you or to another party. You have the right to appeal any such denial.
- The right to amend your protected health information if you feel that medical information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by this office. 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 us; is not part of the medical information kept by our office; is not part of the information which you would be permitted to inspect and copy; or if the information is accurate and complete.
- The right to request an accounting of disclosures we made of medical information about you. Your request must state a time period that may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- The right to a paper copy of this notice at any time.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We reserve the right to change this notice. We reserve the right 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. The notice will contain on the first page, in the top right-hand corner, the effective date.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about the violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For assistance, please contact our Privacy Officer at:

Privacy Officer  
210 Sunnyview Lane, Suite 104  
Kalispell MT 59901  
406/755-6550

Or,

The US Dept of Health & Human Services  
Office of Civil Rights  
200 Independence Ave SW  
Washington DC 20201  
1-877-696-6775