

Region Vein
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NOTICE OF PRIVACY PRACTICES

Effective July 11, 2020

In accordance with the Health Insurance Portability and Accountability Act of 1996, as of April 14, 2003 all health care providers are required to provide their patients with a "Notice of Privacy Practice" statement.

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 provider named above is required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

1. We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.
2. On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with the healthcare provider named above.
3. It is our policy to provide a substitute healthcare provider, authorized by the healthcare provider named above, to provide assessment and/or treatment to our patients, without advance notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or healthcare operations. As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to us for health care services rendered. If you pay for your healthcare services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.

Worker's Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition in the event of an emergency or your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child 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.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may 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 or subpoena and other law enforcement purposes.

Deceased Persons

We may disclose it to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose your health information to researchers conducting research that has been approved by an institutional review board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to health and safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Change of Ownership

In the event that the healthcare provider named above is sold or merged with another organization, your health information/record will become property of the new owner.

Marketing

We may contact you for marketing purposes or fund-raising purposes, as described below.

1. As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we will leave you a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.
2. It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of health care provider sponsored fundraising events. If we conduct fundraising and we use communications like the US Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us.
3. We also provide educational and informative newsletters. We use communications like the Us Postal Service or electronic email for our newsletters. You have the right to opt- out of receiving such communications from us.

Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosure of your health information. Please be advised, however, that the healthcare provider named above is not required to agree to the restriction you requested.
2. You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
3. You have the right to inspect and copy your health information.
4. You have the right to request that the healthcare provider named above amend your protected health information. Please be advised, however, that the healthcare provider named above is not required to agree to amend your protected health information. If your request to amend your health protected information has been denied, you will be provided with an explanation of the denial reason(s) and information about how you can disagree with the denial.
5. You have the right to receive an accounting of disclosures of your protected health information made by the provider named above.
6. You have a right to a paper copy of the Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

1. The healthcare provider named above reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, the healthcare provider named above is required by law to comply with this Notice.
2. The healthcare provider named above is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please call the office at 219-595-3095.

Complaints

Complaints about your Privacy rights, or how the healthcare provider named above has handled your health information should be directed to the Practice Privacy Officer by calling the office at 219-595-3095. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to: DHHS, Office of Civil Rights, 200 Independence Avenue, S.W. Room 509F HHH Building, Washington, DC 20201.

Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionists for a copy or contact our Privacy Officer at 219-595-3095.

I have read the privacy Notice and understand my rights contained in the notice. By the way of my signature, I provide the healthcare provider named above with my authorization and consent to use and disclose my protected healthcare information for the purpose of treatment, payment, and healthcare operations as described in the Privacy Notice.

Patient's Name (print) _____

Patient's Signature _____ Date _____

I give Region Vein permission to send correspondence to my referring and primary care physician:

_____ YES _____ NO Patient Initials: _____