



NOTICE OF PRIVACY PRACTICES

Effective Date: April 2019

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.

This Privacy Notice (“NPP”) is being provided to you as required by the Health Insurance Portability and Accountability Act, or HIPAA, a federal law that protects the privacy of your health information. This Notice describes how PMO Medical, PLLC (“the Practice”), and the associated Physicians, and healthcare employees of the Practice, may use and disclose your Protected Health Information (“PHI”) to carry out treatment, payment and healthcare operations of the Practice, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases.

The Practice creates a record of the care and services you receive in this office. Your medical records and billing information are created and retained on a computer system that includes Electronic Health Records. That system is accessible to Practice personnel and these persons are able to access and use your Protected Health Information to carry out treatment, payment, or hospital operations of the Practice. The Practice uses administrative and technical safeguards, such as personnel training, written policies, password protection, and document encryption, to prevent improper access or use of information maintained on our computer system.

We are required by law to protect your privacy and the confidentiality of your Protected Health Information, to provide you with notice of our legal duties and privacy practices, and to notify you in the event of any breach of unsecured protected health information about you. This NPP describes your rights and our legal duties regarding your Protected Health Information.

Definitions: From time to time, you may see or hear certain terms that relate to this NPP. Some of the terms you are likely to see or hear are defined below:

1. Protected Health Information or PHI. PHI is individually identifiable information that relates to your medical condition(s), your treatment, and/or payments for your care, and is sent, received, or maintained electronically or in another format, such as a paper record. The Practice uses your PHI to provide your treatment, to bill for the services we provide, and to carry out healthcare operations of the Practice, such as quality assurance activities.

2. Privacy Officer. The Privacy Officer is the individual at the Practice who is responsible for developing and implementing all of its policies and procedures relating to patient privacy and PHI. The Privacy Officer is also responsible for receiving and investigating any concerns or complaints you may have about the use or disclosure of your PHI. You may contact the Privacy Officer by calling the Practice’s main number and asking for the Privacy Officer. Your treatment will not be negatively affected, and you will not be retaliated against for expressing a concern or making a complaint to the Privacy Officer.

3. Business Associate. This an individual or business that is separate from the Practice, but that works with the Practice to carry out certain duties related to healthcare services, payment activities, and Practice operations. For example, if the Practice used an outside company to file patients’ insurance claims, that company would be a Business Associate. Business Associates who have access to your PHI have a legal obligation to protect it from improper use or disclosure.

4. Authorization. We will obtain your authorization any time it is required, giving the Practice permission to use or disclose your PHI for purposes other than your treatment, obtaining payment for your bills, and/or operations of the Practice.

5. Health Information Network. The Practice may participate in a digital health information exchange with other healthcare providers and health plans, in which your patient data would be sent to a secure electronic network and would be accessible to other network members who were also treating you, those who pay for your care, and for operational purposes. Any such network would be committed to protecting your privacy and information under the federal privacy and security laws.

TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

The Practice may use and disclose your PHI, without your authorization, for the following treatment, payment, and healthcare operations:

1. Treatment. The Practice may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, medical students, or other healthcare personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know your general health history that we maintain here at the Practice. We also may need to use your PHI to coordinate or manage your healthcare with a third party to provide treatment to you. The Practice also may share your PHI in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. We also may disclose your PHI to individuals outside of the Practice such as your primary care doctor or another healthcare professional, who is providing you with healthcare services, so that he or she can provide for your care.

2. Payment. We may use and disclose your PHI so that the treatment and services you receive from the Practice 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 a procedure you received at the Practice so that your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior authorization or to determine whether your plan will cover the treatment. We may also disclose your PHI to others who provide healthcare services to you, so that they may bill you, your insurer, or a third party for those services. For example, if you obtain a mammogram outside the Practice, we may disclose your PHI to your mammography provider so that he or she may bill for the services you receive.

3. Healthcare Operations. We may use and disclose your PHI for the Practice's healthcare operations. These uses and disclosures are necessary to manage the Practice and make sure that all of our patients receive quality care. For example, we may use PHI about your high blood pressure to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the PHI of many patients of the Practice to decide what additional services the Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the PHI of our patients with the PHI of patients from other physicians to compare our services with those at other practices and to see what improvements we can make in the services we offer. For example, may combine the PHI of our patients who have high blood pressure to compare it with the PHI of other physicians' patients with high blood pressure, so that we can make improvements in the care and services that the Practice provides to these patients.

4. Business Associates. We may disclose your PHI to Business Associates with whom we contract to provide certain services or business operations on our behalf. However, we will only make these disclosures if we have received written assurance that the Business Associate and any subcontractors it may use will properly safeguard your privacy and the confidentiality of your PHI. For example, we may contract with a company outside of the Practice to provide medical transcription or billing services for the Practice.

PHI DISCLOSURES NEEDING YOUR CONSENT OR PERMITTING YOUR OBJECTION

1. Appointment Reminders. We may use and disclose your PHI to contact you with a reminder that you have an appointment for treatment or medical care at the Practice. This may be done through an automated system, the US Postal Service or by one of our staff members. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone. You have the right to stop appointment reminders by notifying us of your decision in writing.

2. Health Related Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services or to recommend possible treatment options or alternatives that may be of interest to you. You may notify us in writing if you wish to restrict the manner in which we tell you about such benefits or services, for example, if you do not want to be contacted at home, or if you prefer to be contacted by mail.

3. Individuals Involved in Your Care or Payment for Your Care. We may disclose to a family member, close friend, or other individual you identify, the PHI that is directly relevant to that person's involvement in your healthcare and/or payment for your healthcare. For example, we may go over your discharge instructions with the person(s) who will be caring for you.

4. Disaster Relief; Disclosure after Death. We may use or disclose your PHI to an entity that is authorized to assist in a disaster relief effort, so that your family, or another individual you identify, can be notified about your condition, status and location. We may also disclose relevant PHI to persons who were involved in your care or payment for your care, following your death. You may object to these disclosures by notifying the Privacy Officer.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make a disclosure of information that is directly relevant to a person's involvement with your care, we may disclose your Protected Health Information as described.

DISCLOSURES THAT MAY OR MAY NOT REQUIRE YOUR CONSENT

1. Research. Under certain circumstances, the Practice may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health of patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the needs of research with patients' need for privacy of their PHI. Before we use or disclose medical information for research, the project will have been approved through this approval process. We may, however, disclose PHI about you to people preparing to conduct a research project, to help them look for patients with specific medical needs or conditions, so long as the PHI they review does not leave the hospital. We will generally ask for your specific permission if the researcher will have access to your name, address, or other identifying information, or will be involved in your care at the Practice. You may contact the Privacy Officer for more information about our research approval policy and process.

2. As Required by Law. We will disclose PHI about you when required to do so by federal, state, or local law. For example, Oklahoma law requires us to report certain communicable diseases that we diagnose to the Oklahoma State Department of Health.

3. To Avert a Serious Threat to Health or Safety. The Practice and its professional staff may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. Any disclosure will be made only to persons or entities that are reasonably able to prevent or lessen the threat

4. Organ and Tissue Donations. If you are an organ donor, we may release your PHI to organizations that handle organ donations or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

5. Military. If you are a member of the armed forces, the Practice may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

6. Workers Compensation. We may release PHI about you for workers' compensation or similar programs as authorized by state laws. These programs provide benefits for work-related injuries or illness.

7. Public Health Risks. We may disclose PHI about you for public health activities, to, for example:

- prevent or control disease, injury or disability;
- report births and deaths;
- report child abuse or neglect;

- report reactions to medications or problems with products;
- notify people of recalls of products they may be using;
- notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition as ordered by public health authorities; or,
- notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.

8. Health Oversight Activities. The Practice may disclose PHI to a health oversight agency for activities necessary for the government to monitor the healthcare system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting, and licensure.

9. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a court order, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you or your representative about the request or to obtain an order protecting the information requested.

10. Law Enforcement. We may release your PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

11. Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

12. National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

13. Protective Services for the President and Others. We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

14. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the PHI we maintain about you:

1. Right to Inspect and Copy. You have the right to inspect and request a copy of your PHI maintained in the “designated record set,” except as prohibited by law. The “designated record set” is the PHI in your medical and billing records used to make decisions about your care and payment for your care, as determined by the Practice. You also have the right to authorize third parties (such as a family member) to obtain your PHI.

To inspect and/or request a copy of your PHI in the designated record set, you must submit your request in writing on an approved Authorization form. You may obtain an Authorization form by contacting the Privacy Officer. If you request a copy of your PHI, we may charge a reasonable fee to offset the costs associated with your request, such as postage, etc. You will be advised of any applicable fees at the time you make your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the Practice will review your request and the denial. The person

conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Practice. To request an amendment, your request must be made in a writing that states the reason for the 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 the Practice or its professional staff, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the PHI kept by or for the Practice;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

3. Right to an Accounting of Disclosures. You have the right to request one free accounting every 12 months of certain disclosures we have made of your PHI. This accounting does not include disclosures made:

- a. To carry out treatment, payment, or healthcare operations;
- b. To you, of your own PHI;
- c. Incident to a use or disclosure permitted by law;
- d. Pursuant to your signed Authorization;
- e. For national security or intelligence purposes;
- f. To correctional institutions or law enforcement officials;
- g. As part of a limited data set not including your individually identifiable information; or
- h. That occurred more than 6 years prior to your request.

To request an accounting, you must submit your request to the Privacy Officer in writing. Your request must state the period of time for which you want an accounting. This period may not be longer than 6 years, and may not include dates that are more than 6 years earlier than your request. Your request should indicate in what form you want the accounting (for example, on paper or electronically). For additional accountings (i.e., more than one every 12 months), we may charge you for the costs of providing the accounting. We will notify you of the cost involved when you make your request and you may choose to withdraw or modify your request at that time, before any costs are incurred.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You also have a right to request that we restrict disclosures to a health plan or insurance company if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you (or a person other than the health plan or someone else on your behalf) have paid the hospital in full.

In certain circumstances, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing. We will assist you or provide you with a form for this purpose upon request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

5. 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. 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. (For example, if request that we only contact you at work, you must provide us with your work contact information.)

6. Right to a Paper Copy of This NPP. You have the right to a paper copy of this NPP. You may ask us to give you a copy of this NPP at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact:

Privacy Officer:
PMO Medical, PLLC
1751 N. Aspen Avenue
Broken Arrow, OK 74012

You may also obtain a copy of this notice on our web site:

www.PMOMedicalOK.com

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 PHI we already have about you as well as any PHI we receive in the future. We will post a copy of the current NPP in the Practice and on our website. The effective date of the NPP will be on the first page, near the top. In addition, each time you arrive for health care services we will make available to you a copy of the current NPP.

AUTHORIZATION FOR OTHER USES OF YOUR PHI

Other uses and disclosures of PHI that are not covered by this notice or the laws that apply to us will be made only with your written Authorization. If you provide us Authorization to use or disclose PHI about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose PHI about you for the reasons covered by your written Authorization. You understand that we are unable to take back any disclosures we have already made with your Authorization, and that we are required to retain our records of the care that we provided to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the Practice Privacy Officer or with the Office for Civil Rights at the U.S. Department of Health and Human Services.

To file a written complaint with the Practice, write:

Privacy Officer
PMO Medical, PLLC
1751 N. Aspen Avenue
Broken Arrow, OK 74012

To file a complaint with the Office for Civil Rights, contact:

Office for Civil Rights
U.S. Department of Health and Human Services
<http://www.hhs.gov/ocr/office/about/contactus/index.html>

or

Office for Civil Rights, DHHS
1301 Young Street, Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940 (TDD)

You will not be penalized or retaliated against for filing a complaint with the Practice or with the Office of Civil Rights.