

# Notice of Privacy Practices



EFFECTIVE DATE: July 21, 2016

## **Your Information. Your Rights. Our Responsibilities.**

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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.**

### **Protected Health Information**

“Protected Health Information” or “PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Request to correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint with NCP’s Privacy Officer or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated
  - Privacy Officer:  
Patti Kendall, RN, BSN, MBA/HCM  
1-888-525-5111  
[pkendall@nuclearcarepartners.com](mailto:pkendall@nuclearcarepartners.com)

### **Your Choices**

You have some choices in the way that we use and share information; as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in an agency directory
- Market our services

- Raise funds

## **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your written request. We may charge a reasonable, cost-based fee copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.
  - Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed by a licensed healthcare professional who was not directly involved in the denial of your request. Please contact our Privacy Officer if you have questions about access to your medical record.

### **Ask us to correct your medical record**

- You can ask us to amend PHI about you that you think is incorrect or incomplete. Ask us how to

do this.

- In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will accommodate all reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

### **Ask us to limit what we use or share**

- You have the right to request that we restrict how we use and disclose your medical information for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- If you wish to request a restriction on the use or disclosure of your PHI, you should contact the Privacy Officer and make a request in writing.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the Privacy Officer at 888-525-5111.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways, without your written authorization.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment plan and coordinate services.*

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal

privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## How to Exercise Your Rights

To exercise your rights described in this notice, send your request in writing to our Privacy Officer at the address listed at the end of this notice. We may ask you to fill out a form that we will supply.

## Changes to the Terms of this Notice

We reserve the right to change the terms of this notice at any time and the changes will apply to all PHI we have about you. A copy of our current Notice is available in our office, on our web site, and on request.

## For Further Information

Contact our Privacy Officer:

Patti Kendall, RN, BSN, MBA/HCM  
1-888-525-5111  
[pkendall@nuclearcarepartners.com](mailto:pkendall@nuclearcarepartners.com)

## Individual State Laws and Their Impacts on this Notice

- If you are in **Arizona**, a patient's medical record is available to personnel members, physicians, registered nurse practitioners, or podiatrists authorized by policies and procedures to access the patient's medical records. Otherwise, information in a patient's medical record is available only with the written consent of a patient or the patient's representative, or as permitted by law. A patient's medical record is protected from loss, damage or unauthorized use.
- If you are in **California**, we cannot distribute any genetic information without your written consent, aside from using it for diagnosis, treatment, or therapy. We are limited in the purposes for which we can use your general information and may only disclose such information in limited circumstances, and/or to specific recipients. We may only disclose information related to mental health in limited circumstances and/or to specific recipients.
- If you are in **Colorado**, we cannot distribute any genetic information without your written consent, aside from using it for diagnosis, treatment, or therapy. We are also only allowed to disclose information regarding abuse in limited circumstances, and/or to specific recipients.
- If you are in **Georgia**, a written request must be obtained for nearly any disclosure of patient information. We may only disclose information related to mental health in limited circumstances and/or to specific recipients. We are allowed to disclose HIV/AIDS information in limited circumstances and/or to specific recipients.
- If you are in **Illinois**, we are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients. We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients. We are allowed to disclose mental

health information only (1) under certain circumstances and/or (2) to specific recipients.

- If you are in **Iowa**, we may only disclose information related to mental health in limited circumstances and/or to specific recipients. We may also only disclose information related to substance abuse in certain limited circumstances. We are allowed to disclose HIV/AIDS information in limited circumstances and/or to specific recipients.
- If you are in **Missouri**, we are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients; restrictions apply to (1) the use, and/or (2) retention of genetic information. We will not use and/or disclose information regarding certain public assistance programs except for certain purposes.
- If you are in **North Carolina**, we may only disclose information related to mental health in limited circumstances and/or to specific recipients. We are only allowed to disclose information regarding substance abuse in limited circumstances and/or to specific recipients. We are allowed to disclose HIV/AIDS information in limited circumstances and/or to specific recipients. We may not be able to disclose information related to communicable diseases without your consent. We may not be allowed to disclose pharmacy records without your written consent.
- If you are in **Nevada**, we may not be able to disclose your information without a court order. We can disclose genetic information in limited circumstances, usually requiring informed consent. We are allowed to disclose information related to communicable diseases in limited circumstances and/or to specific recipients. We may only disclose information related to mental health in limited circumstances and/or to specific recipients. We are only allowed to disclose information regarding substance abuse in limited circumstances and/or to specific recipients.
- If you are in **Ohio**, we are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients. Restrictions apply to (1) the use, and/or (2) retention of genetic information.
- If you are in **South Carolina**, we cannot distribute any genetic information without your written consent. We may only disclose information related to mental health in limited circumstances and/or to specific recipients. We may only disclose information related to sexually transmitted diseases in limited circumstances and/or to specific recipients. We may only disclose information regarding substance abuse in limited circumstances and/or to specific recipients. We may not be able to disclose your pharmacy records without your written consent.
- If you are in **Utah**, we are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients; restrictions apply to (1) the use, and/or (2) retention of genetic information. We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.
- If you live in **Washington**, we keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at by contacting our privacy officer, listed above.

- If you live in **Wyoming**, we keep a record of the health care services we provide you. You may ask us to see a copy of that record. We do not disclose your record to others unless you direct us to or unless the law authorizes us or compels us to. You may see your record or get more information about it by contacting our privacy officer, listed above.