Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It explains your rights and responsibilities under HIPAA. "Health information" means information that may identify you and that was created or received by Neighborhood Family Practice in connection with providing a health care service to you. This notice applies to all of the medical information that we may have about you.

It is presumed that any acquisition, access, use or disclosure of PHI not permitted under HIPAA regulations is a breach. We are required to complete a risk assessment, and if required, we must provide notice of a breach to affected individuals within 60 days. This form does not constitute legal advice and covers only federal, not state law.

We will keep your health information confidential, using it only for the following purposes:

Treatment: While we are providing you with health care services, we may share your protected health information (PHI) including electronic protected health information (ePHI) with other health care providers, businesses or individuals involved in your care, such as family members, who are involved in your care, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our best judgment to make reasonable inferences of your best interest by allowing someone to pick up your medications or other similar forms of health information and/or supplies unless you have advised us otherwise.

Payment: We will use and disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our best judgment to make reasonable inferences of your best interest by allowing someone to pick up your medications or other similar forms of health information and/or supplies unless you have advised us otherwise.

Non-routine Disclosures:

You have the right to receive a list of non-routine disclosures we have made of your health care information. You can request non-routine disclosures going back 6 years starting on April 14, 2003.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our best judgment to make reasonable inferences of your best interest by allowing someone to pick up your medications or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical staff, insurance operations, health care clearinghouses and individuals performing similar activities.

Payment:

We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our best judgment to make reasonable inferences of your best interest by allowing someone to pick up your medications or other similar forms of health information and/or supplies unless you have advised us otherwise.

Required by Law:

We are prohibited to disclose PHI without an authorization if it constitutes remuneration (getting paid in exchange for the PHI). “Sale of PHI” does not include disclosures for public health, certain research purposes, treatment and payment, and for any other purpose permitted by the Privacy Rule, where the only remuneration received is “a reasonable cost-based fee” to cover the cost to prepare and transmit the PHI for such purpose or a fee otherwise expressly permitted by law. Corporate transactions (i.e., sale, transfer, merger, consolidation) are also excluded from the definition of “sale.”

Appointment Reminders: We may use your health records to remind you of recommended services, treatment or scheduled appointments.

Access: Upon written request, you have the right to inspect and/or receive copies of your health information (and that of an individual for whom you are a legal guardian). We will provide access to health information in a form or format requested by you. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. Copies, if requested, will be $1.15 per page (for pages 1-50), $0.57 per page (for pages 1-50), $0.25 per page (for pages 51+). If you want the copies mailed to you, postage will also be charged. Access to your health information in electronic form if readily producible may be obtained with your request. If for some reason we aren’t capable of an electronic format, a readable hardcopy will be provided. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our Privacy Officer for an explanation of our fee structure.

Amended: You have the right to request an amendment of your health information if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Breach Notification Requirements: It is presumed that any acquisition, access, use or disclosure of PHI not permitted under HIPAA regulations is a breach. We are required to complete a risk assessment, and if required, we must provide notice of a breach to affected individuals within 60 days.

Questions and Complaints: You have the right to file a compliant with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Compliant Form from our Privacy Officer. We support your right to bring your concerns to us and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

How to Contact Us:

Practice Name: Neighborhood Family Practice
Phone: 262-283-6897, ext 241
Email: info@nfpmedcenter.org
Address: 3350 River Road, Cleveland, Ohio 44109
Privacy Officer: Joan Polster
Phone: 262-283-9450

This form does not constitute legal advice and covers only federal, not state law.