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. PLEASE REVIEW IT CAREFULLY.

I. DIAMOND HEADACHE CLINIC COMMITMENT TO PRIVACY

At Diamond Headache Clinic, we care about your privacy and are committed to protecting and preserving it. We understand that health information about you is personal and that you may be concerned about how it is used. This Notice of Privacy Practices describes the limited ways in which Diamond Headache Clinic may use and disclose health information about you. It also describes your rights and our obligations with respect to personal health information. Diamond Headache Clinic will comply with the privacy practices described in this notice and to do our best to treat personal health information about you with the utmost care.

This notice applies to all use and disclosure of health information about you that is made by health care professionals, staff employees, students, trainees, volunteers and business associates of Diamond Headache Clinic. It also applies to any sharing of information among Diamond Headache Clinic partners. Your PCP or other doctors may have different policies regarding use and disclosure of health information about you. You should be sure to check with each of your personal doctors and obtain a copy of the notice of privacy practices applicable to their respective use and disclosure of health information.

We are required by law and committed as a system to maintain the privacy of protected health information in our possession. We understand the importance of your health information and will use and disclose it only as described in this notice of our legal duties, notification requirements and privacy practices with respect to protected health information. We are also required by law to comply with the terms and privacy practices stated in our notice that is currently in effect and we pledge to you that we will do so. Please review this notice carefully and feel free to contact us with any questions or concerns.

Organized Health Care Arrangement (OHCA). This organization is part of an organized health care arrangement and is (i) a clinically integrated setting in which individuals typically receive health care from more than one health care provider or (ii) an organized system of health care in which more than one health care provider participates. The health care providers who participate in the OHCA will share medical and billing information about you and one another as may be necessary to carry out treatment, payment, and health care operations activities. This Notice of Privacy Practices constitutes the Notice of Privacy Practices for the OHCA and all the health care providers participating in the OHCA. Certain physicians who provide medical services in this organization are members of the organization’s medical staff and, as such, are part of the OHCA. Such physicians are, however, self-employed independent contractors; they are not the agents, servants, or employees of this organization, and the organization is not responsible for their judgment or conduct.

II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

In the following sections, we explain the different ways we may use and disclose your health information. In each section, we provide you with an example. However, we do not give you an example of every use and disclosure that may occur.

For Treatment. We may use your personal health information to provide you with medical treatment or services. We may share information about you with doctors, nurses, technicians, students or other Diamond Headache Clinic personnel who are involved in taking care of you. For example, if we treat your pain with a surgical procedure, we may need to know if you have diabetes because diabetes may affect your healing process. If addition, we may need to tell the dietician that you have diabetes so that we can arrange for appropriate meals. We also may share your medical information with certain employees or non-employees in order to coordinate the different services you need, such as prescriptions, X-rays or blood work. We also may disclose your medical information to others in order to coordinate your care after you no longer need services from us. For example, we may need to share appropriate medical information about you to other health care providers, ambulance companies, community agencies, family members and others who are part of your continuum of care.

For Payment. We may use and disclose your medical information so that we can properly bill and collect payment for the health care services we provide to you. For example, we may need to give information to your insurance company about surgery you had in order for the company to pay for your surgery. We also may tell your insurance company about treatment you are going to have in order to make sure your insurance company will pay for the treatment.

For Health Care Operations. We may use or disclose your personal health information in order to run our business to:
+ Provide you with quality healthcare;
+ Comply with state and federal laws;
+ Comply with medical staff bylaws and rules and regulations;
+ Keep contractual obligations;
+ Follow up on patient grievances and claims;
+ Perform health education;
+ Obtain legal services;
+ Conduct business planning and development;
+ Obtain insurance coverage; and
+ Protect our business.

For example, we may use your medical information to provide the treatment we provided you and evaluate the performance of our staff. We also may share your information with doctors, nurses, technicians and students for educational purposes. We may combine medical information about many patients to decide what other services we should offer, what services are not needed and what services are most effective. In addition, a representative may contact you after your services to evaluate the care we provided and find out how we can make improvements on the services we offer.

Appointment Reminders. We may use and disclose your personal health information in order to remind you that you have an upcoming appointment for medical services with us.

Treatment Alternatives. We may use and disclose your personal health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Marketing. We may use your medical information to provide you with information:
+ Describing or explaining the products and services offered by our health system;
+ Regarding treatment services for you;
+ For case management or to coordinate your medical care; and
+ To direct or recommend alternative treatment, therapies, health care providers or settings of care for you.

We also may use your medical information to give you details about a product or service in a face-to-face communication and to provide you with a promotional gift of nominal value.

To Avert a Serious Threat to Health or Safety. We may use or disclose your medical information if necessary to prevent a serious threat to your health or safety or the health and safety of another person or the general public. Any disclosure, however, would only be to someone able to prevent the threat.

Disaster Relief Efforts. We may disclose medical information about you to an entity assisting in a disaster recovery relief effort so that your family can be notified about your condition, status and location.

Research. Some of our providers are involved in conducting medical research. A Institutional review board approves all research projects conducted within the Diamond Headache Clinic system in order to protect patient safety, welfare and confidentiality. Your medical information may be important to further research efforts. We may use and disclose medical information about our patients for research purposes, according to our policies for research. On occasion, researchers may contact patients to ask them if they would like to participate in a research study. Your participation in these studies may occur after you have been told about the study, had the opportunity to ask questions, and have indicated on a consent form that you would like to participate in the study.

Individuals Involved in Your Care or Payment for Your Care. We may disclose health information about you to a friend or family member who is involved in your care or payment for your care with your permission, except that in emergency circumstances where you may not be able to provide such permission and by using our professional judgment we determine that disclosing your information is in your best interest, we may make the disclosure without your permission.

III. SPECIAL SITUATIONS

Military and Veterans. If you are or were a member of the armed forces, we may release medical information about you to military command authorities, as required by law. We also may release medical information about foreign military personnel to the appropriate foreign military authority, as required by law.

Business Associates. We may disclose your health information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement with them to safeguard the privacy and security of the information and to not further use or disclose the information. For instance, we may contract with a company that provides billing and collection services on our behalf.

Organ and Tissue Donation. If you are an organ donor, we may release appropriate medical information about you to organizations that handle organ and tissue procurement in order to facilitate organ or tissue donation.

Workers’ Compensation. We may use or disclose medical information about you for workers’ compensation or similar programs, as permitted or required by law. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health purposes. These purposes generally include the following:
+ Preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
+ Reporting vital events, such as births or deaths;
+ Reporting child abuse or neglect;
+ Reporting adverse events or for surveillance related to defects or problems with products, food and medication;
The effective date of this Notice is November 1, 2016.