



OUR HIPPA POLICY

You can rest assure that we are 100% committed to protecting your healthcare privacy!

The United States Congress recognized the need for mandatory patient record privacy standards in 1996 when they enacted the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The law included provisions designed to save money for healthcare businesses by encouraging electronic transactions, but also required new safeguards to protect the security and confidentiality of that information.

The law requires us to (1) Ensure your medical information is protected; (2) Provide you with this Notice describing our legal duties and privacy practices with respect to medical information about you; (3) Follow the current terms of the Notice in effect.

LIMITED DISCLOSURE OF YOUR MEDICAL INFORMATION

All of the ways we are permitted to use and disclose information will fall within one of the following categories. Some information such as certain drug and alcohol information, HIV information and mental health information is entitled to special restrictions related to its use and disclosure. CCMI will abide by all applicable state and federal laws related to the protection of this information.

Supplies. We may use medical information about you to provide you with medical supplies and services. We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in your care. For example, a doctor treating you may need to know if you have diabetes because diabetes may slow the healing process. We may also share medical information about you with our office personnel or other providers, agencies or facilities in order to provide or coordinate such things as prescriptions, CMN's, lab cultures and other medical documentation. We also may disclose medical information about you to people outside our office who may be involved in your continuing medical care after you leave our office such as other home health care providers, transport companies, community agencies and family members.

Payment. We may use and disclose medical information about the supplies and services you receive from our office so that payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about supplies you received from our office so your health plan will pay us or reimburse you. We may also tell your health plan about a proposed service in order to obtain prior approval or to determine whether your plan will cover the treatment.

Internal Operations. We may use and disclose medical information about you to support our office operations. These uses and disclosures are made to improve our quality of service. Your medical information may also be used or disclosed to comply with laws and regulations,

for contractual obligations, patients. claims, grievances or lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of our office to another entity, underwriting and other insurance activities. For example, we may review medical information to find ways to improve services to our patients. We may also disclose information to doctors, nurses, technicians, and other personnel for performance improvement and educational purposes.

Alternative Supplies. We may tell you about or recommend possible supply alternatives that may be of interest to you.

Benefits and Services. We may contact you to tell you about benefits or services that we provide.

Care Providers. We may release medical information to anyone involved in your medical care, For example, a friend, family member, personal representative, or an individual you identify. We may give information to someone who helps pay for your care or we may tell your family or friends about your general condition.

As Required By Law. We will disclose medical information about you when required to do so by federal or state law; If asked to do so by law enforcement in response to a court or administrative order, subpoena, discovery request, warrant, summons or other lawful process; or for intelligence, counterintelligence, and other national security activities authorized or required by law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you for public health purposes or when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

Workers' Compensation. We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although the medical information we obtain about you is the property of CCMI, you do have the following rights:

With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing information. To inspect and/or to receive a copy of your information, you must submit your request in writing to our Office Manager. If you request a copy of the information, we may charge a fee for these services. We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to medical information, in most cases, you may have the denial reviewed. Another professional chosen by the our office 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.

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or our office. To request an amendment, your request must be made in writing and submitted to our Office Manager. In addition, you must provide a reason that supports your 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 our office; Is not part of the medical information kept by or for Our office; Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete in the record. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

You have the right to receive a list of the disclosures we have made of medical information about you that were for purposes other than treatment, payment, health care operations and certain other purposes. To request this accounting of disclosures, you must submit your request in writing to our Office Manager. Your request must state a time period that may not be longer than the six previous years and may not include dates before **January 1, 2006**. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, we may charge you for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for services, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to our Office Manager. 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, for example, disclosures to your spouse.

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 to our Office Manager. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

We reserve the right to change our privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our Web site. The Notice will contain the effective date at the top of the first page. In addition, at any time you may request a copy of the current Notice in effect.