



Rahel Yirga. MD PC

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HIPAA Notice of Privacy Practices (NPP)

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” (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. Rahel Yirga MD PC (the Provider) is required by law to maintain the privacy of your PHI, and provide you with this notice of our legal duties and privacy practices with respect to your protected health information, and your rights to access and control it. We reserve the right to change the terms of this notice and will notify you of such changes. You then have the right to object or withdraw as provided in this notice. If you have any questions or objections to this form, please contact our Privacy and Security Officer.

Privacy and Security Officer Contact information Our Privacy and Security Officer can be contacted by mail, by phone, fax or email at the contact information provided in the header above.

Uses and Disclosures of Protected Health Information Your PHI may be used and disclosed by Rahel Yirga MD PC, its agency and associates, our office staff and others outside of our office that are involved in your care and treatment for the following reasons:

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose our PHI, as necessary, to a home health agency that provides care to you. For example, your PHI may be provided to a physician to whom you have been referred to ensure the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of this practice including, but are not limited to, quality assessment activities,



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employee review activities, training medical students, licensing, and conducting or arranging for other business activities.

Marketing: Disclosures of your PHI for marketing purposes require your written authorization.

We may use or disclose your protected health information, in compliance with federal, state and local laws, in the following situations without your authorization:

- To Business Associates who provide us with services necessary to operate and function as a medical practice (for example transcription services). We will only provide the minimum information necessary for the associate(s) to perform their function.
- To assist in public health activities such as tracking diseases or medical devices.
- To inform authorities to protect victims of abuse or neglect.
- In compliance with Federal or state health oversight activities such as fraud investigations.
- In response to law enforcement officials or to judicial orders, subpoenas or other process orders.
- To give coroners, medical examiners and funeral directors information necessary for them to fulfill their duties.
- To facilitate organ and tissue donation or procurement.
- For research done in compliance with laws governing research.
- To avert a threat to health or safety [yours or the general public's].
- In the event of a disaster we may disclose your PHI to disaster relief organizations and/or to notify family members or friends of your location and condition.
- To assist in specialized government functions such as national security, intelligence and protective services.
- To inform military and veteran authorities if you are an armed forces member (active or reserve).
- To inform your healthcare team in a facility/community where you are a patient/resident or to a hospital emergency department where you are being treated.
- To inform workers' compensation carriers or your employer if you are injured at work.
- To recommend treatment alternatives.
- For breach reporting purposes or to notify you in the event of a breach of your unsecured PHI.



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- To answer questions of those individuals with legal responsible parties or guardians unless prohibited by law. Unless you object, disclosure of your PHI may be made to a family member, friend, or other individual whom you have identified and is involved in your care or payment for your care

Protected Health Information (PHI) and Your Rights Following is a statement of your rights, subject to certain limitations, with respect to your protected health information.

You have the right to:

- Inspect and copy your PHI contained in “designated record sets”; pursuant to your request (reasonable fees may apply). You may request an electronic copy of your medical records and we will make every effort to provide the records in the format you request.
- Request a restriction of you PHI. You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations.
- Request to receive alternative communication from us. You have a right to request confidential communications from us by alternative means or at an alternative location.
- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.
- Have your physician amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare and provide you with a copy of our rebuttal to your statement.
- Receive an accounting of certain disclosures we have made, if any, of your PHI for purposes other than treatment; payment; health care operations; notification and communication with family and/or friends; and those required by law.
- Receive a notice of breach, in the event a breach of your unsecured protected health information occurs.

Complaints: You may complain to us or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated by us. If you wish to file a complaint with us, please submit it via telephone, email, or in writing to our Privacy and Security Officer. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before **August 30, 2017**