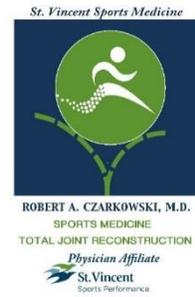


# ROBERT A. CZARKOWSKI, M.D.

## Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you get access to the information. Please review it carefully.**



### **WHO WILL FOLLOW THIS NOTICE:**

- Any health care professional authorized to enter information into your chart.
- This policy applies to all employees, staff, management, contractors, student interns, residents, medical students and volunteers.

### **OUR RESPONSIBILITIES REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This Notice of Privacy Practices describes how we use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" 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.

**We are required by law to abide by the terms of this Notice of Privacy Practices:** We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain both before and after the change.

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you, and
- Follow the terms of the notice
- You will be asked by Robert A. Czarkowski, M.D. to sign this Notice of Privacy Practices.
- We will make good faith effort to obtain a written acknowledgement that you received this Notice of Privacy Practices For Protected Health Information the first time we provide services to you after April 14, 2003 or as reasonably practicable under the circumstances.

Your protected Health Information may be used and disclosed by your physician, our office staff and others outside of our office That are involved in your care and treatment for the purpose of providing health care services to you. Your protected health Information may also be used and disclosed to obtain payment for your health care bills and to support the operation of the Physician's practice.

### **HOW WE ARE REQUIRED BY LAW TO DISCLOSE MEDICAL INFORMATION ABOUT YOU**

- **AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state, or Local law.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We will use and disclose medical information about you when we have a "Duty to Report" under state or federal law, because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

- **PUBLIC HEALTH RISKS:** We will disclose medical information about you for public health reporting required by federal law and state law. These activities generally include the following to:
  - Prevent or control disease, injury or disability
  - Report child abuse or neglect
  - Report reactions to medications or problems with products
  - Notify people of recalls of products they be using
  - Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition
  - Notify the appropriate government authority if we believe a Patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**HEALTH OVERSIGHT ACTIVITIES:** We will disclose medical information as required by law to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**AS PERMITTED BY LAW:** We may use or disclose your protected health information in the following situations without your consent, authorization, or opportunity to object. We may use or disclose your protected health information in the following Situations without your acknowledgement or authorization. These situations include but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury, or disability
- Correctional Institutions, Inmates
- Military Command Authorities, National Security, Veterans
- Health Oversight Agencies
- Funeral Directors , Coroners, Medical Examiners and Organ Donation
- National Security and Intelligence Agencies
- Protective Services, Abuse or Neglect
- A person or persons able to prevent or lessen a serious threat to health or safety
- Criminal Activity
- Research
- Required Uses and Disclosures
- Communicable Diseases
- Required by Law
- Legal Proceedings
- Communication Barriers
- Emergencies
- Organ and Tissue Donation
- Worker’s Compensation Agents: Your protected health information may be disclosed by us as authorized to comply With worker’s compensation laws and other similar legally-established programs.
- Inmates – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may Release medical information about you to the correctional institution or law enforcement official. This release would Be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we will disclose medical information about you when properly ordered to do so by a court.

**LAW ENFORCEMENT:** We will release medical information if asked to do so by a law enforcement official, and if permitted by law:

- In response to a court order
- If required by state or federal law
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**MILITARY ACTIVITY AND NATIONAL SECURITY/ and VETERANS:**

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are member of that foreign military services. We may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

You will be asked by your physician to sign this Notice of Privacy Practices. We will make a good faith effort to obtain a written acknowledgement that you received this Notice of Privacy Practices for Protected Health Information the first time we provide services to you. Your protected health information may be used and disclosed by your physician, Robert A. Czarkowski, M.D., our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your health care bills and to support the operation of the physician's practice.

The following categories describe different ways that we use and disclose protected medical information that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be used in our office.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, home health agency, or another provider's personnel who are involved in taking care of you. We will disclose your protected health information to provide, coordinate or manage your health care related services. This includes the coordination or management of your health care with a third party that may need access to your protected health information. Example: We would disclose your protected health information to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**For Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. We may use and disclose medical information about you so that the treatment and services you receive, from who you receive treatment, may be billed to, and payment may be collected from you, an insurance company, or a third party. Services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose as needed, your protected health information in order to support The business activities of the office of Robert A. Czarkowski, M.D. These activities include, but are not limited to quality assessment activities, employee review activities, conducting or arranging for other business activities. We may also disclose

Information to doctors, social workers, therapists, nurses, psychologists, technicians, medical students, and other personnel for review and learning purposes. We may also use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information as necessary to contact you to remind you or change your appointment. We will share your protected health information with third party "business associates" that perform various activities (e.g. billing, transcription services ) for the practice.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter, postcard, or email about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

**Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services:** We may use and disclose your protective health information to contact you as a reminder that you have an appointment for treatment or medical care at the office of Robert A. Czarkowski, M.D. or to contact you to tell you about possible treatment options.

**Treatment Alternative:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Fundraising:**

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Contact and request that these fundraising materials not be sent to you.

**Facility Directory:** We may use certain limited information about you to disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms) and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy, priests, rabbi, will be told your religious affiliation. This is so family, friends, and clergy can visit you at the facility and generally know how you are doing.

**Individuals Involved in Your Healthcare or Payment for Your Care:**

We may release certain limited information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you want to exercise this right please make your request known to any staff member.

If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your protected health information to notify or assist in notifying a family member, or personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Health Information Exchanges:** Robert A. Czarkowski, M.D. may participate in various regional, state, and/or federal Health Information Exchanges ("HIEs") to make certain patient information available electronically to participate hospitals, doctors, and others participating in the HIE for purposes of treatment, payment, and/or health care operations. Use of the HIE is limited to authorized users who confirm that they will comply with applicable federal and state privacy security laws. You may request that we not provide your information to HIEs by opting out, in which case you need to contact the privacy officer identified at the end of this notice to receive an opt-out form and return it to us. If you Opt-out, your opt-out will apply to all information from all participants in the HIE, even in an emergency.

**Business Associates**

We may disclose your protected health information to our business associates that perform functions on our behalf or provide Us with services if the information is necessary for such functions or services. For example, we may use another company to Perform billing services/transcription services on our behalf. All of our business associates are obligated to protect the privacy

of your information and are not allowed to use or disclose any information other than as specified.

### **Communicable Diseases**

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a Communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** You may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. 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 protected health information that is subject to law that prohibits access to protected information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the office of Robert A. Czarkowski, M.D. , Privacy Contact. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical Information, under some circumstances you may request that the denial be reviewed.

**Right to Amend:** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. 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 we will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have any questions and we will provide you with a copy of any such rebuttal.

Please contact our Privacy Contact if you have any questions about amending your medical records. 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 us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for the physician
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

**Right to an Accounting of Disclosures:** This right applies to disclosures for purposes other than treatment, payment or healthcare operations and valid authorizations or incidental disclosures as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Your request should indicated which form you want this ( for example on paper, electronically). There may be a charge for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs incurred.

**Right to Receive Notice of Breach:** We are required by law to maintain the privacy of your medical information, to provide you with notice of our legal duties and privacy practices with respect to your medical information and notify you following a breach of your unsecured medical information. We will give you written notice in the event we learn of any unauthorized acquisition, use or disclosure of your medical information that has not otherwise been properly secured as required by HIPAA. We will notify you without reasonable delay but no later than sixty (60) days after the breach has been discovered.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on how we use and disclose your medical information in writing for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to a family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practice. Your request must state the specific restriction requested and to whom the restriction is to apply.

Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss restriction you wish to request with your physician. You may request a restriction by submitting a written request to our Privacy Contact.

With the exception of disclosures to health plans for purposes of payment or health care operations that are not otherwise required by law for items or services paid in full, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the office of Robert A. Czarkowski, M.D. Privacy Officer. 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.

#### **Right to Request Confidential Communications**

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 mail.

To request confidential communications, you must make your request in writing to the office of Robert A. Czarkowski, M.D. Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice upon your request, even if you have agreed to accept this notice electronically. You may also obtain a copy of this notice at our website: [www.rczarkowskimd.com](http://www.rczarkowskimd.com)

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change 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 in our office. The notice will contain on the back page effective date.

#### **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with the office of Robert A. Czarkowski, M.D. Privacy Officer, or with the Secretary of the Department of Health and Human Services. To file a complaint with Robert A. Czarkowski, M.D. Privacy Officer please call administration at: 317-573-7733. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You may contact our Privacy Officer: Practice Manager at the Office of Robert A. Czarkowski, M.D. – Phone: 317-573-7733  
All complaints must be submitted in writing.

#### **Other Uses and Disclosures of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. Use and disclosures that require your written permission include, but are not necessarily limited to, certain uses or disclosures of psychotherapy notes, marketing and sale of your protected health information. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

If you have any questions about this notice, please contact the HIPPA Privacy Officer. Call: 317-583-7733

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