

Lincoln Medical Education Partnership

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 CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your health information that identifies you, also known as “protected health information” or PHI. We will create records about you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of your health information. We are also required to provide you this Notice of Privacy Practices and of your rights concerning your health information. By federal and state law, we must follow the terms of our Notice of Privacy Practices that we have in effect at this time.

This Notice will tell you

- How we may use and disclose your health information
- Your privacy rights
- What the law requires us to do in using or disclosing your health information

The terms of this Notice apply to all records containing your health information that are created or maintained by our practice. We reserve the right to revise this Notice of Privacy Practices. Any revision to this Notice will be effective for all protected health information with our practice. Our practice will post a copy of our current Notice in our offices in a visible location, and you may request a copy of our current Notice at any time.

B. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the different ways in which we may use and disclose your health information without obtaining your authorization.

1. **Treatment.** Our practice may use your health information to treat you. For example, we may ask you to have laboratory tests (such as blood and urine tests), and we may use the results to help us reach a diagnosis. We might use your health information to write a prescription for you. Many of the people who work for our practice – including our doctors and nurses – may use or disclose your health information to treat you or to assist others in your treatment.
2. **Payment.** Our practice may use and disclose your health information to bill and collect payment for the services and items we provide to you. For example, we may contact your health insurer to confirm that you have benefits (and for what type of benefits), and we may provide your insurer with details about your treatment to determine if your insurer will pay for your treatment. We may use and disclose your health information to obtain payment from third parties that may be responsible for paying for your care, such as family members. Also, we may use your health information to bill you directly for services and items. We may disclose your health information to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your health information to operate our business. For example, our practice may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your health information to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders.** Our practice may use and disclose your health information to remind you of an appointment.
5. **Treatment Options.** Our practice may use and disclose your health information to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** Our practice may use and disclose your health information to inform you of health-related benefits or services that may be of interest to you.

7. **Release of Information to Family/Friends.** Our practice may share health information about you to a friend or family member who is involved in your care, or who assists in taking care of you unless you object or if it is an emergency. What we share will be directly relevant to that person's involvement in your care. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information about our treatment of the cold. We may disclose to family members or others health information about a deceased person if the family member or others were involved in the deceased person's care or payment for the person's health care, provided the information is limited to what is relevant to their involvement. We will do so unless it is inconsistent with the deceased person's wishes that are known to us.

8. **Disclosures Required By Law.** Our practice will use and disclose your health information when we are required to do so by federal, state or local law.

C. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION IN SPECIAL SITUATIONS

The following categories describe unique situations in which we may use or disclose your health information:

1. **Public Health Risks.** Our practice may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person about potential exposure to a communicable disease
 - Notifying a person about potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency(ies) and authority(ies) about the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this

information if the patient agrees or we are required or authorized by law to disclose this information

- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
- 2. Health Oversight Activities.** Our practice may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
 - 3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.
 - 4. Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
 - About a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - About criminal conduct in our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
 - 5. Deceased Patients.** Our practice may release health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information to help funeral directors perform their jobs.

- 6. Organ and Tissue Donation.** Our practice may release your health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary, to facilitate organ or tissue donation or transplantation if you are an organ donor.
- 7. Research.** We may disclose your PHI to researchers doing studies based on existing medical records or using existing records to plan a study involving patient treatment when their research has been approved by an institutional review board, which has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We oversee clinical research studies, and we may request our business associate(s) to utilize limited information from your records to contact you to offer information on your opportunities for optional participation. If you are interested and agree to participate in research involving treatment for you, you will also be asked to sign an authorization to allow the researcher to use PHI gathered in the study and to authorize us to provide specified medical records (PHI) necessary for inclusion and review in the research study.
- 8. Serious Threats to Health or Safety.** Our practice may use and disclose your health information, when necessary, to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 9. Military.** Our practice may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- 10. National Security.** Our practice may disclose your health information to federal officials for intelligence and national security activities authorized by law. We may also disclose your health information to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.
- 11. Inmates.** Our practice may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the safety and security of the institution; and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' Compensation. Our practice may release your health information for purposes of workers' compensation and similar programs.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights concerning the health information that we maintain about you:

- 1. Confidential Communications.** You have the right to request that our practice communicate with you confidentially in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. To make such a request, please contact our **Compliance Officer, Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, NE 68510, 402-483-4581**, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to disclose why the confidential communications are needed.

- 2. Requesting Restrictions.** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, including research operations. You must submit the request in writing and describe the specific restriction requested and to whom you want the restriction to apply. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members or friends. For the most part, we are not required to agree to your request. However, we must agree to your restriction request related to disclosures of your/your child's protected health information to health plans for payment or health care operations if the protected health information which is the subject of your request relates solely to a health care item or service for which you or a third party, other than your health plan, have paid us for in full. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment or required by law. To request a restriction of our use or disclosure of your health information, your request must be made in writing to **Compliance Officer, Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, NE 68510, (402) 483-4581**. Your request must clearly describe:
 - The information you wish restricted;
 - Whether you are requesting to limit our practice's use, disclosure or both; and
 - To whom you want the limits to apply.

- 3. Inspection and Copies.** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. To inspect and/or obtain a copy of your health information, submit your request in writing to **Compliance Officer, Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, NE 68510, (402) 483-4581.**

You may receive a copy of your health information in the form and format you request if the information is readily producible in that form and format. If the PHI is not readily producible as requested, we may provide a readable hard copy form or another form and format as you and we agree. Reasonable cost-based charges may apply. You may identify a person to whom you want your information sent. We will honor your request to send your information to another person or entity if you have clearly and specifically provided to us in writing that person's contact information.

Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial and another licensed health care professional chosen by us will review that decision.

- 4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Compliance Officer, Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, NE 68510, (402) 483-4581.** You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is (a) accurate and complete; (b) not part of the health information kept by or for the practice; (c) not part of the health information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- 5. Accounting of Disclosures.** You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your health information for non-treatment, non-payment or non-operations purposes. To obtain an accounting of disclosures, you must submit your request in writing to **Compliance Officer, Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, NE 68510, (402) 483-4581.** All requests for an "accounting of disclosures" must state a time period which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request

before you incur any costs. In some circumstances, if we maintain an electronic health record about you, you may have the right to receive an accounting of disclosures for the last three years which were made for treatment, payment or healthcare operations purposes.

- 6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Lincoln Family Medicine Center front desk or Compliance Officer, Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, NE 68510, 402-483-4581.

- 7. Right to Receive Notice of Certain Breaches.** You have the right to receive a notice from us if your health information is accessed, disclosed or used in violation of federal privacy laws. We will provide you a written notice if (1) your personal health information is not secured according to federal standards; (2) the information is accessed, disclosed or used in violation of federal laws; and (3) the access, disclosure or use would compromise the security or privacy of your information. This notice will contain important information about the breach and where you can obtain further information.

- 8. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our practice, contact our officer for privacy matters by writing to **Compliance Officer, Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, NE 68510, (402) 483-4581**. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

- 9. Authorization Required for Other Uses and Disclosures.** If we need to use or disclose your health information for purposes other than treatment, payment, health care operations, as required by law, or for a reason not described in this Notice, we will need to obtain your authorization. Specific examples where we would need your authorization include if your health information includes psychotherapy notes or if we would receive payment for the information because of its sale or because of a third party's marketing purposes. Our practice does not create or maintain separate psychotherapy notes.

- 10. Marketing.** If we are paid by a third party to allow it to market its own services or goods to our patients, an authorization from each individual whose PHI is to be disclosed to the third party

will be obtained. The authorization for marketing purposes must state that remuneration has been or will be received by us in exchange for the disclosure of PHI.

11. Fundraising. We may contact you to raise funds for our programs and operations. You have the right to opt-out of future fundraising communications. Our fundraising communications with you will inform you how you may opt out of future fundraising communications.

12. Revoking Your Authorization. You may revoke an authorization you provide to us at anytime in writing by contacting our Compliance Officer using the contact information in this Notice. Revocation of an authorization will be effective except to the extent we have already taken action in reliance upon your authorization. Additionally, you may not revoke an authorization if it was obtained as a condition of your obtaining insurance coverage, and the law provides the insurer the right to contest a claim or the policy itself.

If you have any questions about this Notice or our health information privacy policies, please contact **Compliance Officer, Lincoln Medical Education Partnership, 4600 Valley Road, Lincoln, NE 68510, (402) 483-4581.**