

**PRACTICE PRIVACY PLAN  
FOR  
J. MICHAEL ALVIS, M.D.  
NORMAN NEUROSURGICAL, P.C.**

Every person that enters this practice will be offered or given a copy of our Patient Privacy Notice. This notice shall comply with the HIPAA regulations regarding privacy and shall contain the following statement on the cover thereof:

**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.**

Our primary contact person to explain the notice and answer any questions shall be listed in the notice as follows:

**If you have questions about this notice, please contact our receptionist.**

Our Patient Privacy Notice and all of the duties specified in it, applies to our entire practice and all employees, business associates, and independent contractors. It is the duty of each such individual to familiarize themselves with the Notice and all of its rights, duties, requirements, and obligations.

**WHO WILL FOLLOW THIS NOTICE:**

- **This notice described our office's practices.**
- **Any health care professional authorized to enter information into your file or record.**
- **All employees, staff and other personnel.**

The protection of patient health and medical information and records is one of the primary obligations of this practice and all of its employees, associates, business associates, and independent contractors. All reasonable precautions shall be taken to protect the privacy and confidentiality of such information in our possession. Our patients must KNOW that their health and medical information will only be utilized by this practice for the patient's own well being and as provided by law. The following is our pledge regarding this information:

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

**We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our**

**practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care.**

**This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.**

**We are required by law to:**

- **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 protected medical information about you; and**
- **follow the terms of the notice that is currently in effect.**

The privacy regulations that come from the Health Insurance Portability and Accountability Act known as HIPAA, allow certain, but restricted uses of the medical and health information that we may collect from and about our patients in the course of the doctor-patient relationship. Our patients have been advised, through the Patient Privacy Notice, about these permitted uses as follows:

#### **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION.**

**The following categories describe different ways that we use and disclose protected medical information. For each category of uses or disclosures, we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.**

**For Treatment: We may use protected medical information about you to provide you with medical treatment or services. We may disclose protected medical information about you to doctors, nurses, technicians, medical students, pharmacists, or other personnel who are involved in taking care of you. Different departments of our practice also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected medical information about you to people outside the practice who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.**

**For Payment: We may use and disclose protected medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about a**

**treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may use and disclose your information to obtain payment from third parties that may be responsible for such costs, such as family members. And we may use your information to bill you directly for services and items.**

In addition to the usage outlined above, there are other times and situations where we may use the protected information that we acquire.

**Appointment Reminders: We may use and disclose protected medical information to contact you as a reminder that you have an appointment for treatment or medical care.**

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

**Health-Related Benefits and Services: We may use and disclose protected medical information to tell you about health-related benefits or services that may be of interest to you.**

There are times when we will need to release protected health and medical information to persons or organizations in the best interest of the patient. However, such unauthorized releases will only be made when there is no reasonable alternative.

**Individuals Involved in Your Care or Payment for Your Care: We may release protected medical 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 you family or friends your condition. In addition, we may disclose protected 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.**

Although this practice is not involved in medical or drug research at this time, we have notified our patients that some of their health and medical information may be used if we find it advantageous for us to become involved in research at some point in the future.

**Research: Under certain circumstances, we may use and disclose protected medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for**

research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs. We will almost always ask for your specific permission if the research will have access to your name, address or other information that reveals who you are, or will be involved in your care in our practice.

Our patients have also been advised that it may become necessary for this practice to release protected health and medical information by operation of law or to help overcome or avoid a threat to the health or safety of others, in addition to the patient. This is explained in the Notice.

**As Required by Law: We will disclose protected 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 may use and disclose protected medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.**

It is important for our patients and their legal representatives to understand that there are times when the release of protected health and medical information is required by law, rule, or regulation. Some of these situations are explained in the Notice as follows:

### **SPECIAL SITUATIONS**

**Organ and Tissue Donation: If you are an organ donor, we may release protected medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.**

**Military and Veterans: If you are a member of the armed forces, we may release protected medical information about you as required by military command authorities. We may also release protected medical information to a foreign military authority, if you are in their service.**

**Workers' Compensation: We may release protected medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Release of such information is controlled by state and/or federal law.**

**Public Health Risks: We may disclose protected medical information about you for public health activities. These activities generally include the following:**

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report a known or suspected crime;
- to report child abuse or neglect;
- to report vulnerable adult abuse;
- to report reactions to medications or problems with products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose protected medical information to a health oversight agency for activities authorized by law. These oversight 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.

Whenever a subpoena is received by this practice, it will immediately turn over to the practice Privacy Officer for processing. The Privacy Officer will bring the matter to the attention of the involved physician and a decision will be made as to how best to proceed. (NOTE: A subpoena from District Court in the State of Oklahoma in a civil case is not considered a Court Order. The patient's permission must be obtained in order to release the information. A subpoena from any Federal Court, however, is considered to be a court order and must be dealt with accordingly.) If the subpoena is not from the patient, the patient should be notified immediately of the situation and given time to consult with their attorney.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose protected medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release protected medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- 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;
- about criminal conduct involving our practice; and

- **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.**

There are times when it is lawful to release protected health and medical information without consent or authorization. Some of these have been set out in the Private Notice.

**Medical Examiners and Funeral Directors; we may release protected medical information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected medical information about patients to funeral directors as necessary to carry out their duties.**

**National Security and Intelligence Activities: We may release protected medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.**

**Protective Services for the President and Others; we may disclose protected information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.**

**Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for this practice 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.**

The patient's rights with regard to protected health and medical information have been set out in the Privacy Notice. It is the intention of this practice to protect and follow these rights.

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

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

While the patient has the right to inspect and/or copy the health and medical information in our possession, we have the right to insist that they make the request in writing and that they clearly understand that we have the right to charge the statutory amount for the copy.

**Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes.**

**To inspect and/or copy your medical information, you must submit your request to the Norman Neurosurgical Medical Records Clerk. 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. (By statute in Oklahoma we may charge you \$1.00 for the first page and \$0.50 for each subsequent page for copies, plus our postage costs. If your record contains any item that requires a photographic process to copy, such as an x-ray or photograph, we may charge you up to \$5.00 per image).**

This practice will honor the patient's right to request a change, amendment, correction, or addition to their health or medical record in our possession, unless it is denied for one of the indicated reasons. We insist that the patient request the change in writing, indicating the change to be made and giving the reason for the change. We will respond to the request in writing, agreeing to the change or stating our reason for refusing the change. Under the privacy regulations, the patient or their legal representative has the right to request a reconsideration of our denial from us, or they may file a grievance about the denial with the Secretary of the U.S. Department of Health and Human Services.

**Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our practice.**

**To request an amendment, your request must be made in writing and submitted to the Norman Neurosurgical Medical Records Clerk. In addition, you must provide a reason that supports your amendment 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 our practice;**
- **is not part of the information which you would be permitted to inspect and copy; or**
- **in our judgment is accurate and complete as it appears or as it was at the time it was originally captured and recorded.**

This practice will track and record all releases of protected health/medical information made for non-treatment, payment, or other medical/health reasons allowed by the privacy regulations. This includes, but is not limited to, release to the patient, patient's designated individual or organization, attorney, insurance company (not for claims payment), etc. The Privacy Officer shall determine which releases shall be listed for disclosure purposes as set out below.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures". This is a list of the disclosures we have made of your medical information.

To request this list or accounting of disclosures, you must submit your request in writing to the Norman Neurosurgical Medical Records Clerk. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically, i.e. on disk or by e-mail). The first list you request within each 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

The patient or patient's legal representative has the right to request certain restrictions on how and to whom we release their protected health and medical information. The request must be in writing. We will provide a form for such restrictions if needed. The practice retains the right to honor those requests so long as they do not interfere in the proper delivery of care, in our right to work with other health professionals or in our right to collect payment for our services. We will make every reasonable attempt to honor such requested restrictions.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected medical information we use or disclose about you for treatment, payment or health care operations. However, we must receive your restrictions in writing before we have made such disclosures. Also, if you restrict our right to use your protected medical information for treatment, payment or health operations, we reserve the right to immediately withdraw our services from you and terminate the physician-patient relationship.

You also have the right to request a limit on the protected 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 about a surgery to your family.

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 Norman Neurosurgical Medical Records Clerk. In your restrictions 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.

We recognize the right of the patient or their legal representative to request confidential communications and to limit those ways in which we may contact them. Again, however, we reserve the right to disregard the restriction if it interferes in the effective communication with the patient. We will strive to honor any such request, with the above reservation.

**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 at home, or by mail, or by phone, or by E-mail.**

**To request confidential communications, you must make your request in writing to the Norman Neurosurgical Medical Records Clerk. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.**

Copies of the Patient Privacy Notice will be made available to every patient and their legal representative. Copies will be available at the practice reception desk and will be offered to each patient, both old and new, every time they come into the office. In addition, one or more copies of the notice will be posted in or near the reception area, along with a notice that copies are available at the reception desk. The Patient Privacy Notice will be posted on our web site.

**Right to a Copy of this Notice: You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time.**

### **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 protected 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 first page, in the top right-hand corner, the effective date. In addition, each time you are in our office for treatment or health care services, we will offer you a copy of the current notice in effect.**

If the patient or their legal representative is not satisfied with our decision in regard to confidential communication, request for change or amendment to the record, or in any other matter, they have the right to file a formal grievance with our practice in writing. In addition, if they prefer or are not satisfied with our handling of their complaint, they can file directly with the Secretary of the U.S. Department of Health and Human Services. While this is covered in the Patient Privacy Notice, it may be necessary to remind patients or representatives of this right.

### **COMPLAINTS**

**If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Gidgett Doty, Privacy Officer, 724 24<sup>th</sup> Ave. NW, Ste 210, Norman, OK 73069, phone number 405-364-6347. To file a complaint with the Secretary of the Department of Health and Human Services, contact:**

**Office of Civil Rights, Region VI  
US Department of Health & Human Services  
1301 Young Street, Ste 1169  
Dallas, TX 75202  
Voice Phone (214) 767-4056 FAX (214) 767-0432  
TDD (214) 767-8904 e-mail [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)**

**All complaints must be submitted in writing. You will not be penalized for filing a complaint.**

#### **OTHER USES OF MEDICAL INFORMATION.**

**Other uses and disclosures of protected medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected 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 protected 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.**

**Effective Date: April 14, 2003**

**PRIVACY PROCEDURES FOR  
J. MICHAEL ALVIS, M.D.  
NORMAN NEUROSURGICAL, P.C.**

- Our office recognizes and respects the patient's right to inspect and/or obtain a copy of their entire medical record and other protected health information in our possession.
- The front office staff will provide the patient a form to complete when the patient desires to inspect their information and/or request a copy of their information.
- The front office staff will answer all questions concerning the inspection and copying of medical and health information.
- All requests to inspect or requests for a copy of medical information will be reviewed by the Privacy Officer or Office Manager before inspection or copying for completeness and correctness, including verification of the signature.
- The same procedure shall be followed for requests to change or correct a record, for disclosure or previous releases, and in response to a complaint.
- Recognizing that we have a "reasonable" amount of time to respond to a request for a copy of medical and health information, it is the policy of this office to attempt to respond within no more than seven to fourteen days.
- If access or copy is denied, the Privacy Officer shall provide the patient with a written explanation for the denial and outline the patient's right to appeal the decision.
- With regard to inspection by the patient: after the patient inspects the record, the Privacy Officer or whichever front office staff member observed the inspection, will note in the record the time and date of the inspection and whether or not any requests for amendments or changes to the record were made by the patient.
- In regard to the copy, the patient shall be advised in writing that this office charges the statutory copy cost of \$0.25 per page and, if the copy is to be mailed, the actual cost of postage. These fees must be paid when the copies are picked up by the patient or prior to the mailing of the records. Oklahoma state law allows no other charges.

## **CONFIDENTIALITY CHECKLIST**

- 1) Patients are not asked to state the nature of their reason for the visit on a sign-in sheet that might be seen by other patients. Patients are not asked to state the nature of their reason for the visit by the receptionist upon check-in in an area that their conversation might be overheard by other patients.
- 2) All conversations about medical or business matters are conducted in such a way as not to be overheard by other patients or visitors.
- 3) When checking out, conversations with patients are conducted in such a way as not to be overheard by patients or visitors.
- 4) Clinical telephone calls regarding prescriptions, procedures, test results, etc. are not made within the hearing of patients or visitors.
- 5) Physicians and other care providers do not take clinical calls while in with patients.
- 6) Physicians and other care providers do not discuss clinical information in an area where other patients or visitors may overhear the conversation.
- 7) The daily appointment schedule is not posted in the view of any patients or visitors. (A sign-in sheet, with no preprinted names, is permissible.)
- 8) Medical records are maintained in a safe and secure area, accessible only to staff. (Any records located in an area accessible to the public should be under constant surveillance.)
- 9) Medical records will only be released in conformance with state and/or federal law and all staff members receive training in handling authorizations for release.
- 10) All patient-initiated records releases to individuals or organizations outside the healthcare industry shall be authorized in writing and signed by the patient or responsible party.
- 11) Patient medical records in this office shall be accessed by staff members only on a "need to know" basis.
- 12) Release of medical records of information in response to a search warrant or subpoena shall only be allowed after the verification of its authenticity by the Office Manager or Physician.
- 13) This office has a formal medical record retention policy.

- 14) Any paper containing medical information identifiable to a specific patient will be shredded or otherwise rendered unreadable before being discarded. Such paper shall not be recycled.
- 15) Original records shall not be removed from this office.
- 16) No medical information identifiable to an individual will be transmitted via the internet without the patient's specific written permission.
- 17) Medical information urgently needed by another health care provider may be transmitted by fax. Such information may be transmitted via internet if patient identifiers are removed or if the transmission is encrypted.
- 18) All staff members shall sign a "confidentiality agreement" at the time of hire and shall renew the agreement annually.
- 19) All staff members requiring access to the computer shall be assigned a unique password that they shall use whenever making any computer entries. Passwords will not be shared and no staff member shall make any computer entry using another's password.
- 20) Upon a staff member's resignation or termination, their password shall be canceled and reissued again.
- 21) Any staff member seeing or suspecting the improper release or handling of medical information shall immediately report the infraction or their suspects to the Office Manager or Physician.
- 22) It is the policy of this office to abide by the confidentiality and privacy regulations and laws of both the state and federal government.

## **CONFIDENTIALITY POLICY**

**IT IS THE DUTY OF ALL STAFF MEMBERS OF THIS ORGANIZATION TO PROTECT THE CONFIDENTIALITY OF THE PATIENT'S MEDICAL RECORDS AND THE ORGANIZATION'S PERSONNEL AND BUSINESS INFORMATION.**

- 1) **Medical Records Confidentiality:** This organization strives to protect the confidentiality of the patient's medical record. This Medical Records Confidentiality policy is part of the policies and procedures of this organization. In brief, it provides for the following:
  - i) Medical information, including admission, diagnosis, treatment, or prognosis of a patient may not be released without specific authorization from the patient or his or her guardian or agent or appropriate government authorities, or as otherwise provided by law. Provided, however, that protected health information may be released in compliance with those provisions in the Patient Privacy Notice.
  - ii) Specific authorization in the form of an Authorization to Release Medical Information is required to release protected health information to anyone or any organization not otherwise specified in the Patient Privacy Notice.
  - iii) On admission, patients are asked to sign a Consent to Release Information form acknowledging the possible release of protected health information as authorized by the Health Insurance Portability and Accountability Act Privacy Regulations for designated billing or medical treatment purposes.
  - iv) Presentation of subpoenas by federal, state, or local officers, or via mail, will be forwarded to the appropriate Privacy Officer for response. A subpoena is a legal document requesting, or in some cases mandating, the release of specific information and generally corresponds to a legal investigation or court case.
  - v) Internal release of a patient's protected health and medical records is on a "need to know" basis; information should be disclosed only if the person requesting it has a legitimate medical interest in the patient's current regimen of care.
  - vi) The release of specific information regarding HIV, drug abuse, or mental impairment should be cleared by the Privacy Office and/or attending physician.
- 2) **Business Information Confidentiality:** Business information regarding the organization should not be released to any unauthorized persons, including friends, family, or social acquaintances.

- i) Business information should not be released to competitors, suppliers, or outside contractors without appropriate approval from the management staff. This can include, but is not limited to, computer data or files, financial information or reports, customer or service lists, charge or fee information, computer programs, or reports or descriptions of organization policy, procedure, planning or operations.
- ii) Computer software and intellectual property should not be released without proper written authorization. Unauthorized copies of computer programs or reports made from organization computers or used on organization computers is prohibited and may be a violation of copyright laws.
- iii) Introduction of computer programs, software or files into the organization's computer system is prohibited without appropriate authorization. The introduction of data from outside sources may introduce computer viruses or other damage into the organization's computer system and should be conducted, even after authorization, only when effective anti-virus software is in place.
- iv) Passwords and other security codes or measures are in place to protect both the organization and the user. Do not share passwords or codes. The employee is responsible for use of passwords and any damage that results from that use if he or she shares this information. Do not allow others to use your computer terminal when you are logged on using your password or code.
- v) Employee information may be released only by the Management Staff and that release is very strictly governed by laws regarding employee confidentiality. Any request for information regarding an employee or his or her employment should be forwarded to the Office Manager for handling.

## **Protected Health Information (PHI)**

### Definition:

Individually identifiable health information transmitted or maintained in any form or medium (including oral information).

Includes but not limited to:

- Name
- Address
- Social Security Number
- Telephone number
- Relatives
- Employer
- Fax number
- E-mail address
- Medical record number
- Insurance Plan ID number
- Insurance Plan Account number
- Driver's license number
- Vehicle ID number
- URL
- IP Address
- Fingerprints
- Photographs
- Other unique identifiers