



## NOTICE OF PRIVACY PRACTICES

**Effective Date: June 1, 2008**

**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.**

If you have any questions about this notice, please contact the office manager.

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

This notice describes the privacy practices of the Plaza Medical Group offices listed below, of INTEGRIS Baptist Medical Center offices managed by Plaza Medical Group, of Troy R. Norred M.D., P.C. office managed by Plaza Medical Group and that of:

Any healthcare professional authorized to enter information into your file or record.

All employees, staff and other personnel or entities providing services to Plaza Medical Group at such offices.

All Plaza Medical Group offices follow the terms of this notice. In addition, these offices may share medical information with each other for treatment, payment or healthcare operations purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive in our practice. We need this record to care for you and to comply with certain legal requirements. This notice applies to all of the records of your care.

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 health information about you; and
- Follow the terms of the notice that is currently in effect.

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 or disclosure of protected health information.

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

The following categories describe different ways that we use and disclose protected health 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 following categories.

**Treatment:** We may use protected information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, medical assistants, technicians, medical students, pharmacists, or other personnel who are involved in taking care of you. Different divisions of Plaza Medical Group also may share protected health information about you in order to coordinate services, such as prescriptions, lab work and x-rays. We also may disclose protected health 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 (pharmacist, outside laboratories, radiology, hospital providers and consulting physicians).

**Payment:** We may use and disclose protected health 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 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. Also, we may use your information to bill you directly for services and items.

**Healthcare Operations:** We may use and disclose your protected healthcare information during routine healthcare operations of Plaza Medical Group, including internal auditing, quality control and staff training.

**Business Associates:** We may disclose your protected health information about you to a Business Associate outside Plaza Medical Group with whom we contract to provide services on our behalf. For example, we may contract with a company to provide transcription services, or filing claims electronically to insurance companies. Before we provide protected health information to a Business Associate, the Business Associate must agree in writing to protect the privacy and confidentiality of this information.

**Appointment Reminders:** We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through an automated telephone system, by one of our employees or via United States mail. If you are not at home, we may leave this information on your answering machine, voice mail or in a message left with the person answering the telephone.

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

**Individuals Involved in Your Care or Payment for Your Care:** We may release protected health 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. In addition, we may disclose protected health 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.

**Research:** Under certain circumstances, we may use and disclose protected health 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 protected health information, trying to balance the research needs with patients' need for privacy of their protected health information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process which ensures that there is minimal risk to your privacy. In all other cases, we will ask for your written permission before we disclose any of your protected health information for research purposes.

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

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation:** If you are an organ donor, we may release protected health 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 health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may release protected health information about you for workers' compensation or similar programs as authorized by state law. These programs provide benefits for work-related injuries or illness.

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

- To prevent or control disease, injury or disability, for example, reporting of communicable diseases;
- To report births and deaths;
- To report a known or suspected criminal;
- To report child abuse or neglect;
- To report vulnerable adult abuse;
- 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 abuse, neglect or domestic violence, when required by law.

**Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the healthcare system, government programs, such as Medicare and Medicaid, and compliance with applicable laws. These oversight activities include, for example, federal or state audits, investigations, inspections, and licensure.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. In most cases, we are required to notify you of the request or to seek a court order protecting the confidentiality of the information.

**Law Enforcement:** We may release protected health 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 or the location of the person who committed the crime.

**Medical Examiner and Funeral Directors:** We may release protected health 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 health information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release protected health 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 for the President, other authorized persons or foreign heads of state or to 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 health information about you to the correctional institution or law enforcement officials. This release would be necessary (1) for this practice to provide you with healthcare; (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.

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

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

**Right to Inspect and Copy:** You have the right to inspect and have a copy of your protected health 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 request a copy of your protected health information that may be used to make decisions about you, you must submit your request to our office in writing. If you request a copy of the information, we may charge for the costs of copying, mailing or other supplies associated with your request. (By statute in Oklahoma we may charge you \$1 for the first page and 50 cents for each additional page, 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 per image.)

**Right to Amend:** If you believe 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. If we approve, the amendment will be added to your record, however, the original record cannot be altered.

To request an amendment, your request must be made in writing on Plaza Medical Group's form which we will provide you upon request. The request should be submitted to the Privacy Officer, Plaza Medical Group, 3433 NW 56<sup>th</sup> Street, Suite 700, Oklahoma City, OK 73112.

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 protected health 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.

**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. This does not include use related to treatment, payment or healthcare operations. An example of disclosures covered by this accounting would be release of information to public health officials concerned with public health efforts.

To request this list of accounting of disclosures, you must submit your request in writing to the Privacy Officer in our office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within each 12 month period will be free. For additional lists, we may charge you for the cost 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 are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the release or use of protected health information we use or disclose about you for treatment, payment or healthcare 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 health 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 health 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 it is needed to provide you emergency treatment. If we do not agree, you have the right to change your healthcare provider.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request for restrictions, 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 by mail.

To request confidential communications, you must make your request in writing to the 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 Copy of This Notice:** You have a right to a paper copy of this notice. You may ask us to give you a paper 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 health information we presently 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 the

effective date on the first page near the top. In addition, each time you are in our office for treatment or healthcare services, you may ask for a copy of the current notice in effect.

## **CONTACT AND COMPLAINTS**

If you have questions about this notice, you may contact the Privacy Officer, Plaza Medical Group, 3433 NW 56<sup>th</sup> Street, Suite 700, Oklahoma City, OK 73112, telephone number (405) 948-4040. This is your contact for questions or complaints that may arise regarding any Plaza Medical Group office location.

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 the Privacy Officer at (405) 948-4040. 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 health 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 health 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 health 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.

### **Plaza Medical Group, P.C.\***

offices located at:

3433 NW 56<sup>th</sup> Street, Suite 700  
Oklahoma City, Oklahoma 73112

3012 Arlington  
Ada, Oklahoma 74820

114 North Highway 18  
Chandler, Oklahoma 74834

620 South Madison, Suite 203  
Enid, Oklahoma 73701

436 South Mustang Road  
Yukon, Oklahoma 73099

### **In association with INTEGRIS Baptist Medical Center\***

offices located at:

3433 NW 56<sup>th</sup> Street, Suite 700  
Oklahoma City, Oklahoma 73112

530 North Monte Vista, Suite B  
Ada, Oklahoma 74820

3012 Arlington  
Ada, Oklahoma 74820

1908 North 14<sup>th</sup> Street, Suite 205  
Ponca City, Oklahoma 74601

### **In association with Troy R. Norred M.D., P.C.\***

Office located at:

3012 Arlington  
Ada, Oklahoma 74820

\*Physicians may also provide outreach services at other locations (list is available upon request).