

Center for Rheumatology and Arthritis Care, PA

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Center for Rheumatology and Arthritis Care, PA is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices. The Center for Rheumatology and Arthritis Care is also required to abide by the terms of this notice and its privacy policies.

How the Center for Rheumatology and Arthritis Care May Use or Disclose Your Health Information

Federal law allows us to use or disclose your health information *without your permission* for the following purposes:

- Treatment (e.g., giving information to other doctors and nurses caring for you)
- Benefits (e.g., giving information to officials who decide benefits)
- Public Health Activities (e.g., giving information about certain diseases to government agencies)
- Research Activities (e.g., giving information to a researcher to prepare a research protocol)
- Abuse Reporting (e.g., giving information about suspected abuse of elders or children to government agencies)
- Assisting Family Members or Designated Individuals Involved in Your Care
- Payment (e.g., giving information to other facilities that provide care or services related to your health care)
- Patient Directories (e.g., publishing basic information about patients) Law Enforcement, Judicial or Administrative Proceedings National Security Matters
- Correctional Facilities and/or Parole Officers
- Workers' Compensation Cases (e.g., giving information to officials who decide payments for workplace injuries)
- Services (e.g., giving information to contractors or business associates performing services for CfRAC)
- Health Care Operations (e.g., giving information to individuals conducting Quality of Care reviews)
- Coroner or Funeral Activities when Required by Law
- Health Care Oversight (e.g., giving information to the Office of Inspector General or a Congressional Committee)
- Health or Safety Activities
- Military Activities (e.g., giving information to the Department of Defense)
- Academic Affiliates (e.g., giving information to assist in training medical students)
- Responding to Court Orders

Note: *The Center for Rheumatology and Arthritis Care will make no other uses or disclosures of your health information without your prior written authorization. In addition, you may revoke that authorization, in writing, at any time.*

Your Privacy Rights

You have the right to:

- Review your health information
- Obtain a copy of your health information
- Request your health information be amended or corrected
- Request that we not use or disclose your health information
- Request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner

- Improving health care processes, reducing health care costs and assessing organizational performance
- Developing, maintaining and supporting computer systems
- Legal services
- Conducting accreditation activities
- Certifying, licensing, or credentialing of health care professionals
- Conducting audits and compliance programs, including fraud, waste and abuse investigations
- Abuse Reporting.
 - We may use or disclose your health information to report suspected child or elder abuse or neglect; or domestic violence to appropriate Federal, State, local, or tribal authorities. This reporting is for the health and safety of the suspected victim.
- Health and Safety Activities.
 - We may use or disclose your health information when necessary to prevent or lessen a serious threat to the health and safety of the public, yourself, or another person. Any disclosure would only be to someone able to help prevent or lessen the harm, such as a law enforcement agency or the person threatened.
- Public Health Activities.
 - We may disclose your health information to public health and regulatory authorities, including the Food and Drug Administration (FDA) and Centers for Disease Control (CDC), for public health activities. Public health activities may include:
 - Controlling and preventing disease, injury, or disability
 - Reporting vital events such as births and deaths
 - Reporting communicable diseases such as hepatitis, tuberculosis, sexually transmitted diseases & HIV
 - Tracking FDA-regulated products
 - Reporting adverse events and product defects or problems
 - Enabling product recalls, repairs or replacements
- Judicial or Administrative Proceedings.
 - We may disclose your health information for judicial or administrative proceedings:
 - We receive an order of a court, such as a subpoena signed by a judge, or administrative tribunal, requiring the disclosure.
 - To defend The Center for Rheumatology and Arthritis Care in judicial and administrative proceedings
- Law Enforcement.
 - We may disclose your health information to law enforcement agencies for law enforcement purposes when applicable legal requirements are met. These law enforcement purposes may include:
 - Responding to a court order
 - Responding to a specific request when in pursuit of a focused civil or criminal law enforcement investigation
 - Reporting crimes occurring at The Center for Rheumatology and Arthritis Care
 - Identifying or apprehending an individual who has admitted to participating in a violent crime
 - Reporting a death where there is a suspicion that death has occurred as a result of a crime
 - Reporting Fugitive felons
 - Routine reporting to law enforcement agencies, such as gunshot wounds
 - Providing certain information to identify or locate a suspect, fugitive, material witness, or missing person
- Health Care Oversight.
 - We may disclose your health information to a governmental health care oversight agency (e.g., Inspector General (IG); House Veterans Affairs Committee) for activities authorized by law, such as

audits, investigations, and inspections. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and agencies that enforce civil rights laws.

- Cadaveric Organ, Eye, or Tissue Donation.

When you are an organ donor and death is imminent, we may use or disclose your relevant health information to an Organ Procurement Organization (OPO), or other entity designated by the OPO, for the purpose of determining suitability of your organs or tissues for organ donation. If you have not specified your donation preferences and can no longer do so, your family may make the determination regarding organ donation on your behalf.

- Coroner or Funeral Services.

Upon your death, we may disclose your health information to a funeral director for burial purposes, as authorized by law. We may also disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.

- Services.

We may provide your health information to individuals, companies and others who need to see the information to perform a function or service for or on behalf of VHA. An appropriately executed contract and business associate agreement must be in place.

- National Security Matters.

We may use and disclose your health information to authorized Federal officials for the purpose of conducting national security and intelligence activities. These activities may include protective services for the President and others.

- Workers' Compensation.

We may use or disclose your health information to comply with workers' compensation laws and other similar programs.

- Correctional Facilities.

We may disclose your health information to a correctional facility if you are an inmate and disclosure is necessary to provide you with health care; to protect the health and safety of you or others; or for the safety of the facility.

- Required by Law.

We may use or disclose your health information for other purposes to the extent required or mandated by Federal law (e.g., to comply with the Americans with Disabilities Act; to comply with a Health Insurance Portability and Accountability Act (HIPAA) privacy or security rule complaint investigation or review by the Department of Health and Human Services).

- Research Activities.

We may use health information for research. You will be asked to sign a consent form to participate in research that includes an authorization for use and possibly disclosure of your information before using your information for research purposes.

- Military Activities.

We may use or disclose your health information if you are a member of the Armed Forces, for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, when applicable legal requirements are met. Members of the Armed Forces include Active Duty Service members and in some cases Reservist and National Guard members. An example of a military activity includes the disclosure of your health information to determine fitness for duty or deployment to your Base Commander.

- Family Members or Others Involved in Your Care

General Information Disclosures.

We may disclose general information about you to your family and friends. These disclosures will be made only as necessary and on a need-to-know basis

consistent with good medical and ethical practices. General information is limited to:

- Verification of identity
- Your condition described in general terms (e.g., critical, stable, good, prognosis poor)

Disclosures to others while you are present.

When you are present, or otherwise available, we may disclose your health information to your next-of-kin, family or other individuals that you identify. For example, your doctor may talk to your spouse about your condition while at your bedside. Before we make such a disclosure, we will ask you if you object. We will not make the disclosure if you object.

Disclosures to others when you are not present.

When you are not present, or are unavailable, we may disclose your health information to your next-of-kin, family, and others with a significant relationship to you without your authorization if, in the exercise of professional judgment, we determine the disclosure is in your best interests. We will limit the disclosure to information directly relevant to the other person's involvement with your health care or payment for your health care. Examples of this type of disclosure may include questions or discussions concerning:

- Medical care
- Medical supplies (e.g., wheelchair) and filled prescriptions
- Home-based care

- Other Uses and Disclosures with Your Authorization.

We may use or disclose your health information for any purpose based on a written authorization you provide us. We will review the authorization to determine it is valid, and then disclose your health information as requested by you in the authorization.

Revocation of Authorization.

If you provide us a written authorization or permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. Please understand that we are unable to take back any uses or disclosures we have already made based on your authorization.

Your Privacy Rights

Right to Request Restriction.

You may request that we not use or disclose all or part of your health information, including use or disclosure for a particular purpose or to a particular person. However, we are not required to agree to such restriction. To request a restriction, you must submit a written request that identifies the information you want restricted, when you want it to be restricted, and the extent of the restrictions.

Right to Review and Obtain a Copy of Health Information.

You have the right to review and obtain a copy of your health information in our records. You must submit a written request to The Center for Rheumatology and Arthritis Care. Under very limited situations, you

may not be allowed to review or obtain a copy of parts of your health information. If your request is denied, you will be notified of this decision in writing and you may appeal this decision.

Right to Request Amendment of Health Information.

You have the right to request an amendment (correction) to your health information in our records if you believe it is incomplete, inaccurate, untimely, or unrelated to your care. You must submit your request in writing, specify the information that you want corrected, and provide a reason to support your request for amendment. All amendment requests should be submitted to The Center for Rheumatology and Arthritis Care. If your request for amendment is denied, you will be notified of this decision in writing and provided appeal rights.

Right to Request Receipt of Communications in a Confidential Manner.

You have the right to request that we provide your health information to you by alternative means or at an alternative location. We will accommodate reasonable requests, as determined by The Center for Rheumatology and Arthritis Care policy, from you to receive communications containing your health information.

Right to Receive an Accounting of Disclosures.

You have the right to know and request a copy of what disclosures of your health information have been made to you and to other individuals outside of VHA. To exercise this right, you must submit a written request to the facility Privacy Officer at the VHA health care facility that maintains your health information.