

**CHUNG MEA HA, MD, PC**  
**OBSTETRICS & GYNECOLOGY**

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**NOTICE OF PRIVACY POLICIES**  
**JANUARY 2017**

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

**INTRODUCTION**

At Chung Mea Ha, MD, PC, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective Sep. 1, 2007 and applies to all protected health information as defined by federal regulations.

**UNDERSTANDING YOUR HEALTH RECORD INFORMATION**

Each time you visit Chung Mea Ha, MD, PC, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals that contribute to your care to include, but not limited to, other physicians, hospitals, and pharmacists.
- Legal documentation describing the care you received.
- Means by which you or a third party payer can verify that services billed were actually provided.
- Tool in education of health professionals.
- Source of information for public health officials charged with improving the health of this state and nation, as required by law.
- Tool with which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your medical record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

**YOUR HEALTH INFORMATION RIGHTS**

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including a right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and be provided 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Receive confidential communications of protected health information.

- Revoke your authorization to use or disclose health information except to the extent of disclosures previously made prior to the date of revocation of your authorization.

## **RIGHT TO REQUEST RESTRICTION OF PHI**

If you pay in full out of pocket for your treatment, you can instruct us not to share information about your treatment with your health plan (if the request is not required by law). Effective March 26, 2013, The Omnibus Rule restricts provider's refusal of an individual's request not to disclose PHI.

## **NON-ROUTINE DISCLOSURE**

You have the right to receive a list of non-routine disclosures we have made of your health care information. You can request non-routine disclosures going back 6 years starting on April 14, 2003.

## **AMENDMENT**

You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under circumstances, your request may be denied.

## **OUR RESPONSIBILITIES**

Subject to limitations outlined by law, Chung Mea Ha, MD, PC, is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

Chung Mea Ha, MD, PC reserves the right to change a privacy practice described in this notice. We reserve the right to make the revised or changed notice effective for health information we receive in the future. We will post a copy of the current notice in our office. The first page of the notice will contain the effective date and dates of revision with copies available upon request.

We will not use or disclose your health information without authorization, except as described in this notice. We will also stop using or disclosing your health information after we receive a written revocation of the authorization according to the procedures included in the authorization.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or would like additional information, you may contact the practice's Privacy Officer: **Chung Mea Ha or Young Joo Kim (907) 519-6751**

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. We are required to complete a risk assessment, and if necessary, inform HHS and take other steps required by law. You will be notified of the situation and any steps you should take to protect yourself against harm due to the breach. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights.

**Office of Civil Rights**  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

**Example:** Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your health record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations for the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. The physician will then know how you are responding to treatment and to confirm diagnosis.

We may provide your physician or subsequent healthcare provider with copies of various reports that should assist him or her in your treatment.

**Example:** We may use and disclose your health information so that the treatment and services you received from our office may be billed to you, a third party payer (such as your insurance company, Medicaid, Medicare, the Department of Veteran Affairs), or legal guardian. The information identifies you, as well as your diagnosis, procedures, supplies, and medications.

**Example:** We may use and disclose your health information to operate our office and to make sure that our patients receive quality care. We may disclose your health information to physicians, nurses, technicians, medical and nursing students, or other personnel for review and learning purposes.

## OTHER USES AND DISCLOSURES

**Business Associates:** There are some services provided in our organization through contact with business associates, such as medical record storage companies, transcription services, collecting agencies, insurance companies, and billing services. We may disclose your health information to our business associates so that they can perform the job that we've asked them to do and bill you or your third party payer for services rendered. To protect your health information however, we require the business associate to appropriately safeguard your information.

**Covering Providers:** Physicians and offices providing coverage for the office of Chung Mea Ha, MD, PC, in the event of after hours or treatment when she is unavailable, may be provided with your health information to aid in your course of treatment. Covering providers may also be supplied with your billing information to aid in payment from you or your third party payer. Physicians and/or staff may contact you regarding appointments, information about treatment alternatives, or other health related services.

**Services:** We aid in your general care by faxing and verbally arranging the following: prescriptions with pharmacies, laboratory tests, radiological services, and surgical procedures with various organizations. They are supplied with your health billing information. The minimum information necessary is given.

**Family Communications:** Providers, using their best judgment, may disclose to a family member, other relative, personal friend, or any other person that you identify, health information relevant to your care or payment related to your care.

**Coroners, Medical Examiners, Funeral Directors, and Organ Procurement Organizations:** We may disclose health information to those listed above, consistent with applicable law to carry out their duties.

**Food and Drug Administration:** We may disclose to the FDA health information regarding adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement, Military Affairs, National Security Intelligence, Department of State, Presidential Protective Service, Court or Administrative Tribunal Orders, Subpoenas, Discovery Request or Other Lawful Process:** We may disclose health information to the above listed agencies as required by law.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be necessary (a) for the institution to provide you with healthcare, (b) to protect your health and safety or that of others, or (c) for the safety and security of the correctional institution and/or its personnel.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. The oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil right laws.

**Disaster:** We may provide personal information regarding your location, general condition, or death to public or private disaster relief agencies.

Federal law makes previous provisions for your health information to be released to an appropriate health oversight agency, public health authority, or attorney provided that a work force member or business associate believes in good faith we have engaged in unlawful conduct or have otherwise violated professional or clinical standards that are potentially endangering one or more patients, workers, or the public.

### **ACKNOWLEDGEMENT**

I acknowledge that I have been offered a copy of the Notice of Privacy Practices regarding the use and disclosure of my health information.

\_\_\_\_\_  
Please print your name here

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

If signed by legal representative please specify your relationship: \_\_\_\_\_

#### **FOR OFFICE USE ONLY**

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other (*please provide specific details*) \_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date