

**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.<sup>1</sup>**

Giovanna Ghafoori, M.D., P.A. (GGMDPA) is required by law to maintain the privacy of your health information. GGMDPA is also required to provide you with a notice that describes GGMDPA's legal duties and privacy practices and your privacy rights with respect to your health information.<sup>2</sup> We will follow the privacy practices described in this notice.<sup>3</sup> If you have any questions about any part of this Notice or if you want more information about the privacy practices of GGMDPA, please contact Giovanna Ghafoori, M.D., 1649 Sam Houston, Harlingen TX 78550, 956/428-1700<sup>4</sup>

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, you will receive a revised copy at your next visit.<sup>5</sup>

**How GGMDPA May Use or Disclose Your Health Information for Treatment, Payment of Health Care Operations<sup>6</sup>**

The following categories describe the ways that GGMDPA may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

- 1. Treatment.** We may use or disclose your health care information in the provision, coordination or management of your health care. For example we may use your information to call and remind you of an appointment or to refer your care to another physician. If another provider requests your health information and they are not providing care and treatment to you we will request an authorization from you before providing your information.

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<sup>1</sup> 45 CFR 164.520(b)(1)(i)

<sup>2</sup> 45 CFR 164.520(b)(1)(v)(A)

<sup>3</sup> 45 CFR 164.526(b)(1)(v)(B)

<sup>4</sup> 45 CFR 164.520(b)(1)(vii)

<sup>5</sup> 45 CFR 164.526(b)(1)(v)(C)

<sup>6</sup> 45 CFR 164.526(b)(1)(ii)(A-D)

2. **Payment.** We may use or disclose your health care information to obtain payment for your health care services. For example, we may use your information to send a bill for your health care services to your insurer.
3. **Health Care Operations.** We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you had your surgery. If the activities require disclosure outside of our health care organization we will request your authorization before disclosing that information

### **How Giovanna Ghafoori, M.D., P.A. (GGMDPA) May Use or Disclose Your Health Information Without Your Written Authorization<sup>7</sup>**

The following categories describe the ways that GGMDPA may use and disclose your health information without your authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

1. **Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.
2. **Public Health.** When required by law, we may disclose your health information to public health authorities for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.
3. **Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
4. **Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

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<sup>7</sup> 45 CFR 164.5269b)(1)(ii)(B-D)

6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
7. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
8. **Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working to cure a heart disease or whether a certain treatment is working better than another.
9. **To Avert a Serious Threat to Health of Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.
10. **Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.
11. **Workers' Compensation.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
12. **Appointment Reminders.** We may use or disclose your health information to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you.<sup>8</sup>
13. **Health Information.** We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.

*[If state law materially limits or prohibits any of the uses and disclosures described above, each such use and disclosure described above must reflect the more stringent law.]*

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<sup>8</sup> Comment: Note contact for fundraising is not included in this notice as it may not be allowed without an authorization under Wisconsin law. Appointment reminders: 45 CFR 164.520(b)(1)(iii)(A)

## **When GGMDPA May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

## **Your Health Information Rights**

- 1. Inspect And Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. For example, you may request a copy of your immunization record from your health care provider. This right of access does not apply to psychotherapy notes which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to Giovanna Ghafoori, M.D., 1649 Sam Houston, Harlingen TX 78550, 956/428-1700. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.
- 2. Request To Correct Your Health Information.** You have a right to request that GGMDPA amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your heart surgery is incorrect; you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to Giovanna Ghafoori, M.D., 1649 Sam Houston, Harlingen TX 78550, 956/428-1700. You must also provide a reason for your request.
- 3. Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. For example, if you are an employee in a clinic and you receive health care services in that clinic, you may request that your medical record not be stored with the other clinic records. However, we are not required to agree in all circumstances to your requested restriction. If you would like to make a request for restrictions, you must submit your request in writing to Giovanna Ghafoori, M.D., 1649 Sam Houston, Harlingen TX 78550, 956/428-1700.
- 4. Receive Confidential Communications Of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

To request confidential communications, you must submit your request in writing to Giovanna Ghafoori, M.D., 1649 Sam Houston, Harlingen TX 78550, 956/428-1700.

**5. Receive A Record Of Disclosures Of Your Health Information**. You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made. For example, you may request a list that indicates all the disclosures your health care provider has made from your health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing to Giovanna Ghafoori, M.D., 1649 Sam Houston, Harlingen TX 78550, 956/428-1700. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

**6. Obtain A Paper Copy Of This Notice**. Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. To obtain a paper copy of this Notice, send your written request to Giovanna Ghafoori, M.D., 1649 Sam Houston, Harlingen TX 78550, 956/428-1700. This notice is also available via our website at [www.drghafoori.com](http://www.drghafoori.com).

**7. Complaint**. If you believe your privacy rights have been violated, you may file a complaint with Giovanna Ghafoori, M.D., 1649 Sam Houston, Harlingen TX 78550, 956/428-1700 that will provide you with any needed assistance. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also file a complaint with the staff or administrator of the treatment facility or community mental health program.<sup>9</sup> There will be no retaliation against you in any way for filing a complaint.<sup>10</sup>

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact Giovanna Ghafoori, M.D., 1649 Sam Houston, Harlingen TX 78550, 956/428-1700.

**This notice of medical information privacy is effective April 14, 2003.**

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<sup>9</sup> Wis. Stat. 51.61(1)(u)

<sup>10</sup> 45 CFR 164.520(b)(1)(vi); Wis. Stat. 51.61(1)(u)

## FREQUENTLY ASKED QUESTIONS

***Q. Why are you giving me this Notice?***

A. For two reasons: (1) we feel that it is important that you understand how we use your health information; and (2) HIPAA, a federal law, requires that we provide this information to you.

***Q. What is HIPAA anyway? Why should I care about it?***

A. HIPAA is the Health Insurance Portability and Accountability Act – a federal law that requires health care providers to take certain steps to protect the privacy and security of patient health information. HIPAA's privacy rules go into effect on April 14, 2003. The Notice of Privacy will help you understand how your health information should be handled under the new HIPAA rules.

***Q. What did you do with my medical information before HIPAA came along?***

A. GGMDPA in trying to obtain the patient's signature has always taken care to protect the privacy and confidentiality of your health information. HIPAA formalizes these privacy requirements, many of which were already being practiced by GGMDPA in trying to obtain the patient's signature into law.

***Q. Who can explain the information in this notice to me?***

A. The Notice of Privacy contains a contact name and number of a person who can discuss any questions or concerns you may have about your health information privacy.

***Q. I don't like to sign anything until I have read the document. Are you going to make me sign it before I can see the doctor?***

A. No. Your signature simply indicates that you were given the notice. If you choose not to read the Notice of Privacy or sign the form, there will be no impact on the care or service that you receive.

***Q. What if I refuse to sign?***

A. If you choose not to sign, it will have no impact on your care or service.

***Q. Do I have to keep this Notice of Privacy for my own records?***

A. No. However, it may be a good idea for you to keep a copy of it should you have any future questions about the privacy of your medical record.

***Q. What information does my medical record contain?***

A. Medical records are created when you receive treatment at our organization with one of our healthcare professionals. Records may include your medical history, details about your lifestyle (such as smoking, venereal diseases, other risky activities), and family medical history. In addition, your records contain laboratory test results, medications

prescribed, and other reports that indicate the results of operations and other medical procedures.

***Q. Who has access to my medical record?***

A. Various people and organizations may have access to your medical record, depending on the reason. For example, doctors, nurses and others involved with your medical treatment may look at and add things to your medical record. Your health insurance company may view your medical record in order to pay for your medical services. State or federal agencies may access your record in order to track diseases and carry out public health or reporting functions. Portions of your record may also be shared with GGMDPA's staff to schedule your appointments. In many instances, however, only the minimum amount of your health information that the person or entity needs to get their job done will be shared.

***Q. How do I get access to my own medical records?***

A. You have the right to review your medical records. If you would like to do so, please let me know and I will help you arrange it. Wisconsin state law requires that you provide written consent to inspect your medical records. In addition, if you wish to receive a copy of items in your medical record, we may charge you a reasonable cost for the copies.

***Q. Will I have to sign the same Notice of Privacy at other hospitals or clinics?***

A. You may have to sign similar Notices of Privacy and acknowledgement forms with other providers, depending on whether those other providers are affiliated with us. Generally, however, you should only have to sign a Notice of Privacy one time with each provider you visit after April 14, 2003.

***Q. Who can sign for my minor children (elderly family members)? Who will explain it to them?***

A. This is not a legal document, however, you will need to sign the form for your minor children or elderly family members. Should you or your minor/elderly family member have questions or need help understanding the notice, you may contact Dr. Ghafoori for assistance.

**References:**

- Wisconsin Statute 146.81-.83.
- Chapter 146 HIPAA Privacy Standards Matrix

**Pre-emption Revisions for Wis. Stat. 146 By:**

- Susan Manning, JD, RHIA