NOTICE OF PRIVACY PRACTICES

Effective July 1, 2016

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.

Grand River Medical Group, P.C. (GRMG) respects our patients’ right to privacy and our office is committed to assuring the confidentiality of your protected health information (PHI). All the physicians and authorized staff at GRMG have access to your medical record and may use and disclose your PHI as outlined in this notice.

GRMG reserves the right to change this Notice of Privacy Practices without any additional notice to you. Nevertheless, upon your request, you can receive a copy of our revised Notice of Privacy Practices. Also, any changes will be posted on our web site at www.grandrivermedicalgroup.com. Any revisions apply to all your PHI regardless of whether it was created before or after the effective date of any revisions and will be available at our locations described herein.

PRIVACY CONTACT: If you have questions about any information in this policy, please contact the Privacy Officer at GRMG at 536-557-9111 or 1515 Delhi Street, Suite #100, Dubuque, IA 52001-6389.

DEFINITION OF TERMS: Throughout this document, we use the terms “use” and “disclosure” of PHI. “Use” refers to how health information is utilized within our office by physicians and staff of GRMG. “Disclosure” refers to your health information that is provided to someone outside of GRMG.

USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION:

There are certain activities that involve using and disclosing your protected health information (PHI) that do not require your written authorization. Below, we list these activities. In addition, we also provide some examples in each category in order to clarify the nature of these activities. These examples are NOT meant to describe every use and disclosure for each activity. Activities NOT requiring a written authorization include:

TREATMENT:
Your PHI will be used to provide, coordinate and manage your health care treatment. For example, if we refer you to a general surgeon, we will share your PHI with that physician’s office.

PAYMENT:
Your PHI may be used in order to receive payment for the health care services you receive in or through our office. For example, your health insurance company may request your provider’s office notes in order to determine if the service provided is a covered benefit under your health plan. Some health plans do not pay for preventive services or services not directly involved in the treatment of a specific disease or illness. Furthermore, your PHI may be shared with the guarantor of your health insurance.

HEALTH CARE OPERATIONS:
We may use or disclose your PHI for certain activities performed by our office that support the business and professional activities at GRMG. These activities may include, but are not limited to, quality assessment activities, training of medical students and Internal Medicine residents, licensing and coordinating and arranging for other business activities. For example, we may use your health information in our quality assurance reviews. Also, we may need to release health terminologies, attestations, attestations, accountants to make sure we are compliant with the many laws and regulations that affect our organization. We will share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for our office. Whenever an arrangement between our office and a “business associate” involves the use or disclosure of PHI, we will have a written contract with the business associate that contains terms that will protect the privacy of your health information.

APPOINTMENT REMINDERS:
Unless you tell us otherwise, in writing, we may use your PHI to contact you to remind you of your appointment.

DISEASE MANAGEMENT:
We may use PHI to identify patients with certain illness or conditions so that we may provide information to you about treatment alternatives or other information about your condition. You may contact the Privacy Officer to opt out of receiving this information.

Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object:
We may use or disclose your PHI in the following situations WITHOUT your consent or authorization. These situations include:

1. Public health information
2. Communicable disease reporting
3. Health oversight agencies
4. Abuse or neglect
5. Food and Drug Administration
6. Certain legal proceedings: We may disclose PHI in response to certain subpoenas or discovery requests. Also, we may release PHI for civil litigation if your condition is at issue.
7. Law enforcement
8. Organ and tissue donations
9. Coroners and funeral directors
10. Research (with privacy protection reviewed by an Institutional Review Board)
11. Criminal investigations
12. Military activity/National security
13. Worker’s compensation
14. Inmates
15. Other required uses and disclosures (Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance to Section 164.500, et seq.)
16. Marketing/Fundraising: GRMG does not use or disclose PHI for marketing or fundraising purposes without your written authorization. All of the above information simply explains how your PHI is used and disclosed by our office. If you object to any of the above provisions, you can request changes, restrictions or exceptions to the above guidelines. We are not required to accommodate your request to restrict use or disclosure of your PHI as it relates to the areas of treatment, payment or health care operations. Your request for a restriction in the use and disclosure of your PHI must be IN WRITING and sent to the Privacy Contact.

Other permitted uses and disclosures of your PHI that may be made without authorization:
Others involved in your health care: Unless you object, we may disclose your PHI to a family member, relative, close friend or anyone else you identify. We will only reveal that portion of your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose your PHI to such persons if we determine that it is in your best interest, based on our professional judgment. The office does not disclose PHI to a suspected abuser, if there is reason to believe that such a disclosure could cause the patient serious harm. Also, we may disclose medical information to a person assisting in a disaster relief effort so that they can notify your family about your condition, status and location.

Emergencies: We may disclose your PHI in an emergency treatment situation.

Communication Barriers: We may use or disclose your PHI without your consent due to substantial communication barriers and if the physician determines that you intend to consent to use or disclose PHI.

Uses and Disclosures of PHI based upon your written authorization:
As of the effective date of this Notice, your PHI will be used and disclosed or retained without any need for any additional authorization from you. Any and all other uses of your PHI will be made only with your written authorization. You may revoke this authorization, at any time, in writing, except to the extent that our office has already taken action in accordance with the authorization. In Iowa, a specific written authorization is required to disclose or release mental health treatment records, substance abuse (alcohol and drug) treatment records and HIV/AIDS testing. We may release HIV information to the Department of Public Health or to a third party, if there is a direct threat of transmission to that party. For more information or to request record to be released, an oral authorization from patient or parent/legal guardian is acceptable. The oral authorization will be documented.

YOUR RIGHTS:
1. You have the right to inspect and copy your PHI. Under federal law, you may NOT inspect the following records:
   A. Psychotherapy notes (not generally a part of your medical record at GRMG).
   B. Information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action.
   C. Any PHI that the law prohibits your access.

Your request to inspect and copy your PHI must be in writing and sent to the Privacy Contact. GRMG reviews the request in a timely fashion and acts on the request for access, generally within 30 days. If necessary, we may need an additional 30 days to act on the request. Each request is either accepted or denied and the requester will be notified in writing. If a request is denied, the requester will be informed if the denial is “in”(revocable) or not. The requester has the right to have any denial reviewed by a licensed health care staff at GRMG who did not participate
2. You have the right to request a restriction in the use and disclosure of your PHI.

Your request must be in writing and must state the specific restriction requested and to whom you want the restriction to apply. Your request needs to be directed to the Privacy Officer. We are not required to agree to the restriction you request except for a request related to a disclosure of PHI to a health plan for treatment or health care operations if you have paid in full for the health care service. If your physician believes that it is in your best interest to permit the use and disclosure of PHI, your PHI will not be restricted. If your physician disagrees, the restriction will be honored unless the PHI is needed to provide emergency treatment.

3. You have the right to request receipt of confidential communications from us by alternative means or at an alternative location.

Please make these requests in writing to the privacy contact listed on the first page of this Notice of Privacy Practices. The request must specify whether the change is from a paper to an electronic means or from an in-person to an alternative location. The request must also state the effective date of the request. We may use our discretion in how and when we comply with the request. A decision to deny your request must be in writing and must state the specific reason for the delay and the date the request is expected to be fulfilled. Your request for alternative means to receive confidential communications does NOT require a signed authorization. GRMG accommodates all reasonable requests to keep communications confidential. The office determines the reasonableness based on the administrative difficulty of complying with the request.

4. You have the right to have your physician amend your PHI.

If you feel that the medical information in your record is incorrect or incomplete, you may request an amendment of your PHI. Your request must be in writing and sent to the Privacy Contact. Your request must provide the reason for your request. We will respond to your request in a timely manner, usually within 60 days after receipt of such request. If we need more time, we will notify you within the 60-day time frame of the need for an extension, and will provide you with a reason for the delay and also provide you with a copy of the information we are unable to make an amendment to. We have the right to deny your request. We may deny your request because the information was not created by us (or the person who created the information is no longer available to make an amendment) or because the information is not part of your designated record set, or if we believe the information is incomplete and accurate. If we deny your request, we will notify you in writing and you have the right to file a statement of disagreement with us. Your statement of disagreement must include the basis of the disagreement. We limit your statement of disagreement to one page. We may provide a rebuttal to your statement and we will provide you with a copy of any such rebuttal.

5. You have the right to receive an accounting of certain disclosures we have made of your PHI.

This right applies to disclosures for purposes other than treatment, payment or health care operations. It also excludes disclosures we have made to you, to your family members and friends involved in your health care or for notification purposes (National security or intelligence purposes or to correctional institutions or law enforcement officials). It also excludes any disclosures made pursuant to your written authorization. This accounting will only cover disclosures made after the initial effective date of this notice. To request this list, you need to submit your request in writing to the Privacy Officer. Your request must state a time period of up to 6 years prior to the request. Shorter time periods are allowed. We may provide an extension, and we will provide you with a copy of any such extension. We allow an extension, and we will provide you with a copy of any such extension. We may extend the time by 90 days when we need more time, and we will provide you with a copy of such extension.

6. You have the right to request a paper copy of this notice from us.

If a decedent's PHI is handled generally in the same manner and to the same extent that is required for the PHI of living individuals. Any information available 50 years after the death of an individual is no longer protected by the Privacy Rule and can be released without authorization.

Complaints:

If you believe that we have violated your privacy rights, you can file a complaint with the Secretary of the Department of Health and Human Services. You can file a complaint with the Secretary of the Department of Health and Human Services by writing to: Secretary of the Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201. You can also file a complaint with the Secretary of the Department of Health and Human Services by calling 1-800-368-7200 or 1-800-538-7344 (TTY). You can file a complaint with the Secretary of the Department of Health and Human Services by accessing our Web site at http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notice/hipaa.html.

Locations covered by this privacy notice:

1515 Delhi Street, Suite #100
Dubuque, IA 52001-6389
1500 Delhi Street, Suite #2100 & 3500
Dubuque, IA 52001
320 N. Grandview
Dubuque, IA 52001
709 West Main
Manchester, IA 52057
1250 East Highway 151
Pitmanville, WI 53818
3504 Lake Ridge Road
Dubuque, IA 52003