

Digestive Disease Associates, P.C.

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NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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 Privacy Officer, Digestive Disease Associates, P.C., 47 Obery Street, Plymouth, MA 02360 at (508) 747-1560.

THIS NOTICE APPLIES TO THE FOLLOWING:

- Any health care professional authorized to enter information into your office chart.
- All employees, staff and other office personnel.
- Any member of a volunteer group or intern we allow to work in the office.

PROTECTED HEALTH INFORMATION (PHI):

We are committed to protecting the privacy of information that is related to your health care that can be used to identify you. This information is referred to as “protected health information” or abbreviated as PHI. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and for legal compliance.

We are required by law to provide you with this Privacy Notice that explains our privacy practices and informs you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to follow the terms of the notice that is currently in effect.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI):

The following categories describe different ways we may use and disclose medical information. Not every use or disclosure of PHI in a category will be listed.

Treatment: We may use your PHI to provide you with medical treatment or services. For example, we may disclose medical information about you to physicians, nurses, technicians, or other office personnel who are involved in taking care of you in the office.

Payment: We may use and disclose your PHI so that the treatment and services you receive, or are going to receive at the office, hospital, nursing home or other site may be billed and payment collected from you, an insurance company or a third party.

Health Care Operations: We may use and disclose your PHI for office operations necessary to run the office and ensure all our patients receive quality care.

Appointment Reminders: We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the office.

Treatment Alternatives: We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services: We may use and disclose your PHI to tell you about your health related benefits or services that may be of interest to you.

Fundraising Activities: We may use and disclose your PHI to contact you in an effort to raise money for a disease specific non-profit foundation affiliated with this office and its operations.

Business Associates: We may use and disclose your PHI to services we provide through contracts with business associates.

Public Health Risks: We may use and disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Research: Under certain circumstances, we may use and disclose your PHI for research purposes. For example, we may use your PHI to evaluate different medications for the same condition. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

As Required by Law: We will disclose your PHI 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 your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Individuals Involved in your Care or Payment for your Care: Health Care professionals, using their best judgement, may disclose to a family member, friend or other person that you indicate, unless you object in whole or in part, your PHI relevant to that person's involvement in your care or payment related to your care.

Organ and Tissue Donation: If you are an organ donor, we may release your PHI 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 your PHI as required by military command authorities.

Workers' Compensation: We may release your PHI for workers' compensation or similar programs.

Law Enforcement: We may release your PHI if asked to do so by a law official. For example, in response to a court order, summons or similar process; to assist officials in locating a suspect, fugitive, material witness or missing person; or regarding criminal conduct.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Coroners, Medical Examiners and Funeral Directors: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine cause of death. We may also release your PHI to funeral directors as necessary to carry out their duties.

OTHER USES OF PROTECTED HEALTH INFORMATION (PHI)

Other uses and disclosures of your PHI not covered by this notice or the laws that apply to us will be made only with your authorization before using or disclosing any of your PHI.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION (PHI)

Right to Access PHI: You have the right to inspect and copy your PHI that we retain on your behalf. To inspect and copy your PHI, you must submit your request in writing and be signed by you or your authorized representative. If you request a copy of the information, we may charge a reasonable fee in accordance with Massachusetts General Law for copying and the costs of postage and supplies associated with your request. You may obtain an Access request form from the Privacy Officer in our office at (508) 747-1560.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI, you may request that denial be reviewed. Another licensed health care professional chosen by the office will review your request and the denial.

Right to Amend PHI: If you feel that your PHI 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 or for the office.

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 your PHI that: a) was not created by us, b) is not part of the medical information kept by or for the office, c) is not medical information you are permitted to inspect or copy, d) is accurate and complete.

To request an amendment, your request must be made in writing, must be signed by you or your authorized representative and must state the reason for the amendment request. The request must be submitted to the Privacy Officer in the office. You may obtain an Amendment request form from the Privacy Officer at (508) 747-1560.

Right to an Accounting of Disclosures: You have a right to request an accounting of certain disclosures made by us of your PHI on or after April 14, 2003, up to six years prior to the date of the request. Requests must be made in writing and signed by you or your authorized representative and submitted to the Privacy Officer in the office. Accounting request forms are available from the Privacy Officer at (508) 747-1560. The first accounting in any

12-month period is free; for additional lists, we may charge you for the costs of providing the list.

Right to Request Restrictions: You have the right to request a restriction or limitation on your PHI we disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request regarding restrictions on disclosure. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer in the office. Your request must include what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply, for example, disclosures to your spouse. Restriction request forms are available from the Privacy Officer at (508) 747-1560.

Right to Request Alternative Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communication, you must make your request in writing to the Privacy Officer in the office. Alternative Communication request forms are available from the Privacy Officer at (508) 747-1560.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact the Privacy Officer at (508) 747-1560. You will not be penalized for filing a complaint.

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 medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain the effective date.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You will be asked to sign an acknowledgement form that you received this Notice of Privacy Practices.