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**Medical and Surgical Treatment
of Colon and Rectal Disorders
Colorectal Cancer Screening**

NOTICE OF PRIVACY PRACTICES

in relation to the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

I. THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

II. WE HAVE A LEGAL DUTY.

We are legally required by applicable federal and state law to safeguard your protected health information. This information "protected health information" or "PHI" for short includes information that can be used to identify you that we've created or received about your past, present or future health condition, the provision of healthcare to you, or the payment of healthcare. We are required to provide you with this notice about our privacy practices and our legal duties and your rights covering your PHI. With some exceptions, we may not use or disclose any of your PHI other than is necessary to accomplish the purpose of the use or the disclosure. We are legally required to follow the privacy practices we are describing in this notice while it is in effect. This notice takes effect 4/1/03 and will remain in effect until we replace it.

We reserve the right to change the terms of this privacy practice Notice and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all PHI that we maintain at any time, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will make this Notice available upon request.

You may request a copy of our Notice from our main office at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

III. HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We may use and/or disclose your health information for many different reasons. For some of these uses and disclosures, we need your prior consent or specific authorization. Below we describe the different categories of our uses and disclosures.

1. To Render Treatment:

We may disclose your PHI to physicians, nurses, medical students and any other health care personnel who provide you with health care services or are involved in your care.

2. To Obtain Payment for Treatment:

We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you.

3. For Healthcare Operations:

We may use and disclose your PHI information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may disclose your PHI in order to operate our medical group. We may also provide your PHI to our accountants, attorneys, consultants and others in order to make sure we are complying with the laws that affect us.

4. Your Authorization:

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

5. Disclosures to Family, Friends and Others:

We must provide your PHI to you, as described in the patient rights section of this Notice. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

6. Persons Involved in Care:

We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your health, of your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information unless you express written objection.

7. Marketing Health-Related Services:

We will not use your health information for marketing communications without your written authorization.

8. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement:

We may use or disclose your health information when we are required to do so by law.

9. To Avoid Harm (Abuse or Neglect):

We may disclose your health information to appropriate authorities if we reasonably believe you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert or lessen a serious threat to your health or safety or the health or safety of others.

10. For Specific Government Functions/National Security:

We may disclose to military authorities, veterans, federal officials, correctional institutions or law enforcement officials as required for lawful intelligence, counterintelligence, and other national security activities including protecting the President of the United States.

11. Reminders of Health-Related Benefits or Services:

We may use and/or disclose your PHI to provide reminders (including but not limited to voicemail messages, postcards, and/or letters) including, but not limited to appointments, treatment alternatives, and/or other health care services and benefits that we offer.

12. Patient Directories:

We may include your name in our patient directory for use by our sales and marketing staff, unless you object in whole or in part. We may disclose your PHI unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

13. For Worker's Compensation Purposes:

We may provide PHI in order to comply with worker's compensation laws.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT:

We may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. For Public Health Activities:

As authorized by law to collect or receive information for births, deaths, preventing or controlling disease, injury or disability. Entities subject to FDA regulations. Employers for work related illness or injury to comply with OSHA. We will also provide coroners, medical examiners and funeral directors necessary information relating to an individual's death

2. For Health Oversight Activities:

We will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

V. PATIENT RIGHTS YOU HAVE REGARDING YOUR PHI.

You have the following rights with respect to your PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we place additional restrictions on how we use or disclose your PHI. We will consider your request but are not legally required to accept your additional restrictions. If we accept your request, we will put any limits in writing and abide by them except in emergencies. You may not limit the uses and disclosures that we are legally required to make.

2. The Right to Choose How We Send PHI to You: You have the right to request that we communicate with you about your health information to an alternative location (for example, sending information to you to your work address rather than your home address). You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

3. The Right to See and Get Copies of Your PHI with Limited Exceptions: You may obtain a form to request access by using the contact information listed at the end of this Notice. With limited exceptions, in most cases, you have the right to look at or get copies of your PHI that we have, but you are required to make the request in writing to obtain access to your PHI. If we don't have your PHI but know who does, we will tell you how to obtain it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have your denial reviewed. If you request copies of your PHI, we will charge you \$01.75 for each page and \$10.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your PHI as long as you agree to that and to the cost, however if you make more than one request in the same year, we will charge you \$25.00 for each additional request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI. You may request access by making your request in writing. Contact us for a full explanation of our fee structure.

4. The Right to Get a List of the Disclosures We Have Made: You have the right to request a list of instances in which this office disclosed your PHI annually. The list will not include disclosures that do not require your consent, uses or disclosures that you have already consented to, such as those made for treatment, payment or health care operations, and certain other activities, directly to you, to your family, or in our facility directory for the last 6 years but not before 4/1/03. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last year. The list will include the date of the disclosure, to whom your PHI was disclosed, a description of the information disclosed and the reason for the disclosure. We will provide the list to you at no cost, however if you make more than one request, we will charge you \$25.00 for each additional request.

5. The Right to Correct or Update your PHI: If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we amend the existing PHI or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing, under certain circumstances, if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it and tell others that need to know about the change to your PHI.

VI. PERSON TO CONTACT FOR MORE INFORMATION ABOUT THIS NOTICE

If you have any questions, concerns or complaints about our privacy practices contact our Privacy Officer at our main office. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, or in response to a request you made to amend or restrict the use or disclosure of your PHI you may contact us using the information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your health information. We will not retaliate, intimidate or request patient to waive the right to complain in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: OFFICE MANAGER

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on October 1, 2002
Updated September 15, 2009

Received By _____ Date: _____