

Notice of Privacy Practices

Bryan Physician Network is committed to maintaining the privacy of all medical information entrusted to us.

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

About this notice

We are required by law to maintain the privacy of protected health information and to give you this notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your protected health information. This notice explains your rights and our obligations. We are required to abide by the terms of the current version of this notice.

What is protected health information?

“Protected health information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer or a health care clearinghouse and that relates to (1) your past, present or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present or future payment for your health care.

How we may use and disclose your protected health information

Your protected health information may be used and disclosed in the following circumstances:

Treatment

We may use or disclose your protected health information to provide, coordinate or manage your medical care or related services. For example, your protected health information may be provided to a physician or other health care provider such as a specialist or laboratory to whom you have been referred for treatment or services.

Payment

We may use and disclose your protected health information in order to bill for and collect payment from you, a health plan or a third party for treatments and services you received from us. For example, your health insurance plan may require relevant protected health information be disclosed to them to determine eligibility, coverage for insurance benefits and medical necessity for a treatment or service that has been recommended or provided.

Health care operations

We may use and disclose protected health information in order to improve our health care operations. These may include internally reviewing treatment and services you receive in order to improve quality of care, evaluate employee performance or for training purposes of appropriate personnel. We also may call you by name in the waiting room when your provider is ready to see you and contact you to remind you of your appointment.

Minors

We may disclose the protected health information of minor children to their parents or guardians, unless such disclosure is otherwise prohibited by law.

Business associates

We may disclose protected health information to our business associates who perform functions on our behalf or provide us with services if the protected health information is necessary for those functions or services. For example, we may use another company to do our billing or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your protected health information.

As required by law

We will disclose protected health information about you when required to do so by international, federal, state or local law.

Research

We may use and disclose your protected health information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your protected health information. Even without that special approval, we may permit researchers to look at your protected health information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any protected health information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

To avert a serious threat to health or safety

We may use and disclose protected health information when necessary to prevent a serious threat to your health or safety or the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

Organ and tissue donation

If you are an organ or tissue donor, we may use or disclose your protected health information to organizations that handle organ procurement or transplantation – such as 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 disclose protected health information as required by military command authorities. We also may disclose protected health information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' compensation

We may use or disclose protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public health risks

We may disclose protected health information for public health activities. This includes disclosures to (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity, (2) prevent or control disease, injury or disability, (3) report births and deaths, (4) report child abuse or neglect, (5) report reactions to medications or problems with products, (6) notify people of recalls of products they may be using, and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse, neglect or domestic violence

We may disclose protected health information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

Health oversight activities

We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure and similar activities that are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Data breach notification purposes

We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and disputes

If you are involved in a lawsuit or a dispute, we may disclose protected health information in response to a court or administrative order. We also may disclose protected health information in response to a subpoena, discovery request or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We also may use or disclose your protected health information to defend ourselves in the event of a lawsuit.

Law enforcement

We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

Military activity and national security

If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your protected health information to authorized officials so they may carry out their duties under the law.

Coroners, medical examiners and funeral directors

We may disclose protected health information to a coroner, medical examiner or funeral director so that they can carry out their duties.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose protected health information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) the safety and security of the correctional institution.

Uses and disclosures that require us to give you an opportunity to object or opt out

Individuals involved in your care or payment for your care

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information 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 such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster relief

We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Fundraising activities

We may use or disclose your protected health information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to the Privacy Officer.

Your rights regarding your protected health information

You have the following rights, subject to certain limitations, regarding your protected health information:

Right to inspect and copy

You have the right to inspect and copy your protected health information that may be used to make decision about your care or payment for your care. We have up to 30 days to make your protected health information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed health care professional that was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Right to a summary or explanation

We also can provide you with a summary of your protected health information, rather than the entire record, or we can provide you with an explanation of the protected health information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

Right to an electronic copy of electronic medical records

If your protected health information is maintained in an electronic format, you have the right to request that an electronic copy of your records be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to get notice of a breach

You have the right to be notified upon a breach of any of your unsecured protected health information.

Right to request amendments

If you feel that the protected health information we have 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 us. A request for amendment must be made in writing to the Privacy Office at the address provided at the end of this notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an accounting of disclosures

You have the right to ask for an accounting or list of the disclosures we made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are and you may choose to withdraw or modify your request before the costs are incurred.

Right to request restrictions

You have the right to request a restriction or limitation on the protected health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the protected health 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. To request a restriction on who may have access to your protected health information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to health care item or service for which you paid us "out-of-pocket" in full. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

Out-of-pocket payments

If you paid out-of-pocket or in other words, you have requested that we not bill your health plan in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to request confidential communications

You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

Right to a paper copy of this notice

You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a copy of this notice at any time.

How to exercise your rights

To exercise your rights described in this notice, send your request, in writing, to our Privacy Officer at the address listed at the end of this notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your protected health information, you may also contact your physician's office directly. To get a paper copy of this notice, contact our Privacy Officer by phone or mail.

Changes to this notice

We reserve the right to change this notice. We reserve the right to make the changed notice effective for protected health information we already have as well as for any protected health information we create or receive in the future. A copy of our current notice is posted in our office and on our website.

Complaints

You may file a complaint with us or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our Privacy Officer at the address listed below. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

Privacy Officer Bryan Physician Network

Shirley Travis, RN, President
Bryan Physician Network
2300 S. 16th Street
Lincoln, NE 68502
Phone: 402-481-5198
Fax: 402-481-5377

To file a complaint with the Secretary, mail it to:

Secretary of the U.S. Department of Health and Human Services
200 Independence Ave, S.W., Washington, D.C. 20201. Call 202-619-0257 or toll-free 877-696-6775 or go to the web site of the Office for Civil Rights at www.hhs.gov/ocr/hippa/ for more information. There will be no retaliation against you for filing a complaint.

Effective Date: September 23, 2013

This Notice was revised on: November 15, 2013