

# RRLLC Patient Privacy Notice

December 2019

17310 Wright Street, Suite 103

Omaha, NE 68130

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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 Philip Pullum at 303-590-9795.)

## **WHO WILL FOLLOW THIS NOTICE:**

This notice describes our company's practices and that of:

- Any healthcare professional authorized to enter information into your file.
- All physicians, customer service representatives, filing, data entry and billing personnel.

## **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our business. We need this record to provide you with quality care and to comply with certain legal

requirements. This notice applies to all of the records of your care. This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to protected medical information about you; and
- Follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:**

The following categories describe different ways that we may use and disclose protected medical information. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Diagnostic Testing:** We may use protected medical information about you to provide you with diagnostic services. We may disclose protected medical information about you to doctors, technologists, nurses, medical students, pharmacists or other personnel who are involved in taking care of you. We also may disclose protected medical information about you to people outside the business who may be involved in your medical care, such as family members or others used to provide services that are part of your care.

**For Payment:** We may use and disclose protected medical information about you so that the services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the services you received

so your health plan will pay us or reimburse you. We may use and disclose your information to obtain payment from third parties that may be responsible for such costs, such as family members. And we may use your information to bill you directly for services and items.

**Diagnostic Alternatives:** We may use and disclose protected medical information to tell you about or recommend possible diagnostic options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose protected medical information to tell you about health-related services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may release protected medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose protected medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**As Required by Law:** We will disclose protected medical information about you 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 protected medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### **SPECIAL SITUATIONS:**

**Organ and Tissue Donations:** If you are an organ donor, we may release protected medical information 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 protected medical information about you as required by military command authorities. We may also release protected medical information to foreign military authority if you are in their service.

**Workers' Compensation:** We may release protected medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. State and/or federal law control the release of such information.

**Public Health Risks:** We may disclose protected medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report a known or suspected crime;
- To report child abuse or neglect;
- To report vulnerable adult abuse;
- To report reactions to medications or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose protected medical information 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.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose protected medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release protected medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct involving our business; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who
- committed the crime.

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

National Security and Intelligence Activities: We may release protected medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose protected information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for this business to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**AUTHORIZATION REQUIRED:**

A written signed authorization is required to release any of your information to an outside third party entity. For example: Attorney's Office, Auto Insurance, Parents of an Adult Child age 18 and older unless they are the insurance holder, listed on the Use and Disclosure form or have Power of Attorney.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:**

You have the following rights regarding protected medical information we maintain about you:

Right to Inspect and Copy: All patients have the option to access their information. You must submit your request to:

17310 Wright Street, Suite 103  
Omaha, NE 68130

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your requests. (By statute in Oklahoma we may charge you \$0.25 per page for copies, plus our postage costs. If your record contains any item that requires a photographic process to copy x-rays, photographs or compact discs, we may charge you up to \$5.00 per image or compact disc.)

Right to Amend: If you feel that medical information we have about you 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 our office. To request an amendment, your request must be made in writing and submitted to:

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In addition, you must provide a reason that supports your amendment request. 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 information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by our business;
- Is not part of the information which you would be permitted to inspect and copy; or
- In our judgment is accurate and complete as it appears or as it was at the time it was originally captured and recorded.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of your medical information. To request this list or accounting of disclosures, you must submit your request in writing to:

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Your request must state a time period, which may not be longer than six years and may not include dates before 12-12-2012. Your request should indicate in what form you want the list (for example, on paper or electronically, i.e. on disk). The first list you request within each 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected medical information we use or disclose about you for treatment, payment or health care operations. However, we must receive your restrictions in writing before we have made such disclosures. Also, if you restrict our right to use your protected medical information for treatment, payment or health operations, we reserve the right to immediately withdraw our services from you and terminate the physician-patient relationship. You also have the right to request a limit on the protected medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery to your family. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to:

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If you request restrictions, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, or at home, or by mail or by phone. For

safety reasons, we do not communicate via e-mail. To request confidential communications, you must make your request in writing to:

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We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Request Restrictions to a Health Plan:** You have the right to restrict the disclosure of your health information to a health plan but only if you or someone on your behalf has paid for the services in full.

**Right to a Copy of This Notice:** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time.

**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 protected medical information we already have about you as well as any information we receive in the future.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, you must make your request in writing to:

17310 Wright Street, Suite 103  
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All complaints must be in writing. You will not be penalized for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of protected medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected medical information about you, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose protected medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.