

ANTHONY C. ZWAAN, MD
FAMILY PRACTICE
Exeter Executive Park
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603-773-2225

NOTICE OF PRIVACY PRACTICES

Our Privacy Obligations

We are required by law to maintain the privacy of medical and health information about you ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure.)

- I. Permissible Uses and Disclosures Without Your Written Authorization.** In certain situations, which we will describe in Section II below, we must obtain your written authorization in order to use and/or disclose your PHI. However, no authorization is required for the following uses and disclosures:

A. Use and Disclosure For Treatment, Payment and Health Care Operations (TPO). We may use and disclose PHI, but not your "Highly Confidential Information" (defined in Section II. B below), in order to treat you, obtain payment for services provided to you and conduct our "health care operations" (e.g. internal administration, quality improvement and customer service) as detailed below:

- ***Treatment.*** We may use and disclose PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders, or call pertaining to clinical care (including laboratory results), or provide information about treatment alternatives and other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
- ***Payment.*** We may use and disclose PHI to obtain payment for services that we provide to you—for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("Your Payor"), or to verify that Your Payor will pay for health care.
- ***Health Care Operations.*** We may use and disclose PHI for our health care operations, including internal administration, planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may disclose PHI to our office manager in order to resolve any complaints you may have, for customer service purposes.
- We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

B. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose PHI to a family member, other relative, a close personal friend or any other person who assists in taking care of you. If you object to such uses or disclosures, please notify us in writing.

If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement, with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

C. Public Health Activities. We may disclose PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

D. Victims of Abuse, Neglect or Domestic Violence. If we reasonable believe you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

E. Health Oversight Activities. We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings. We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials. We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents. We may disclose PHI to a coroner or medical examiner as authorized by law.

I. Organ and Tissue Procurement. We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

J. Research. We may use or disclose PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.

K. Health or Safety. We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

L. Specialized Government Functions. We may use and disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances required by law.

M. **Workers' Compensation.** We may disclose PHI as authorized by and to the extent necessary to comply with laws relating workers' compensation or other similar programs.

N. **As required by law.** We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

II. **Use and Disclosure Requiring Your Written Authorization**

A. **Use or Disclosure with Your Authorization.** For any purpose other than the ones described in Section I, we only may use or disclose PHI when (1) you give us your authorization on our authorization form ("Authorization to Release Protected Health Information"). For instance, you will need to execute an authorization form before we can send PHI to your life insurance company, to your child's camp or school, or to the attorney representing the other party in litigation in which you are involved.

B. **Uses and Disclosures of Your Highly Confidential Information.** In addition, federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that is related to: (1) Treatment of mental health and developmental disabilities; (2) alcohol and drug abuse prevention and treatment; (3) HIV/AIDS testing; (4) venereal disease; (5) genetic testing; (6) child abuse and neglect; (7) domestic abuse of an adult with a disability; or (8) sexual assault. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

III. **Your Individual Rights**

A. **Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. All requests for such restrictions must be made in writing. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please submit this request in writing to the Office Manager. We will send you a written response.

B. **Right to Receive Confidential Communications.** You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations. For instance, you may ask that we contact you at home, rather than work.

C. **Right to Inspect and Copy Your Health Information.** You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your record. If you desire access to your records, please obtain a record request form from our office and submit the completed form. If you request copies the practice may charge \$15 for the first 30 pages or \$.50 per page, whichever is greater for copying fees as well as any applicable mailing fees necessary to complete the request. **The State of New Hampshire, Senate Bill 42, allows such fees.**

D. **Right to Revoke Your Authorization.** You may revoke any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Office Manager.

E. **Right to Request to Amend Your Records.** You have the right to request that we amend PHI maintained in your medical record file or billing records. Please obtain a Request for Amendment of Health Information form from the Office Manager and submit the completed form to the Office Manager. All requests for amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is more accurate and complete or other special circumstances apply.

F. **Right to Receive An Accounting of Disclosures (except for TPO or disclosures made pursuant to authorization).** Upon written request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, the practice may charge \$15 for the first 30 pages or \$.50 per page, whichever is greater for copying fees as well as any applicable mailing fees necessary to complete the request. **The State of New Hampshire, Senate Bill 42, allows such fees.**

G. **Right to Receive Paper Copy of this Notice.** Upon request, you may obtain a paper copy of this Notice.

H. **For Further Information; Complaints.** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to PHI, you may contact our Office Manager. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201. Upon request, the Office Manager will provide you with the correct address for the Director. We will not discriminate against you if you file a complaint with us or the Director.

IV. **Effective Date and Duration of This Notice**

A. **Effective Date.** This Notice is effective on April 14, 2003.

B. **Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in waiting areas of the practice and on our Internet site at www.drzwaan.com. You may also obtain any revised notice by contacting the Office Manager.

V. **Office Manager: Laurie Zwaan**

You may contact the Office Manager at:
Anthony C. Zwaan, M.D.
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19 Hampton Road, Suite One
Exeter, NH 03833

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E-mail Address: admin@drzwaan.com