NOTICE OF PRIVACY PRACTICES
Effective Date: September 23, 2013
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.

WVU Physicians of Charleston (WVUPC) is required by law to maintain the privacy of protected health information and to provide individuals with notice of our privacy practices. When this notice refers to “we” or “us,” it means WVUPC, its faculty and staff, and all of the other health care providers who join with WVUPC in an Organized Health Care Arrangement (“OHCA”) in providing you with this notice. A list of those providers who are in an OHCA with WVUPC will, upon request, be made available to you with a paper copy of this notice. This Notice of Privacy Practices describes how WVUPC and its West Virginia University affiliates, and our affiliate Charleston Area Medical Center (CAMC) and any entity with whom we are in an OHCA, may use and disclose your health information to carry out treatment, payment, healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

A. UNDERSTANDING YOUR HEALTH INFORMATION.

“Protected Health Information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services. Each time you visit a hospital, outpatient facility, physician, or other healthcare provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination and test results, names of other healthcare providers outside of our organization who are involved in your medical care and to other persons with whom our organization has made arrangements to provide healthcare services to you. For example, if you have diabetes you may be informed that you are at risk for kidney disease. Your health record may include information about your diagnosis, procedures, and supplies used for your care. We may disclose health information about you to other qualified parties for their payment, treatment, or healthcare operations purposes. If you are brought in by ambulance, we may disclose your health information to the ambulance company for its billing purposes.

3. We will use and disclose your health information for payment purposes. For example, a bill may be sent to you or to a third party payer or insurance company who may ask for payment or other information from your health information. The bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used for your care. We may disclose health information about you to other qualified parties for their payment purposes. For example, if you are brought in by ambulance, we may disclose your health information to the ambulance company for its billing purposes.

4. We will use and disclose your health information for healthcare operations. For example, members of the medical staff, risk management, or quality improvement management may use information in your health record to assess the care and outcomes in your case and others like it. This information is used in efforts to continually improve the quality and effectiveness of healthcare we provide. In some cases, we will furnish your health information to other qualified parties for their healthcare operations, or for other activities such as audits, investigations, oversight or state or national performance reviews of students or medical staff; in the conduct of research; in quality assessment; in the licensing, and conducting or arranging for other healthcare-related activities.

Teaching Activities. Because we are a teaching institution, we may also disclose information to doctors, nurses, technicians, students, other healthcare personnel, and other hospital or clinic personnel for research studies and learning purposes. We will remove information that identifies you from this set of medical information so others may use it to study medical care and medical care delivery without learning who you are.

5. Health Information Exchange. We may make your protected health information available electronically through a state, regional, or national information exchange service to other healthcare providers, health plans, and healthcare clearinghouses that request your information for treatment or payment for that treatment. Participation in health information exchange services also provides that we may see information about you from other participants. A patient’s participation in a Health Information Exchange (HIE) is voluntary and subject to a patient’s right to opt-out. Where possible, the patient may be provided with educational information prior to the enrollment of the participating organization. For questions regarding HIE participation please contact the WVUPC Health Information Management Department at 304-341-1550.

D. OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

1. Notification. We may use or disclose health information regarding your location and general medical condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

2. Family, Friends, and Others Involved in Your Care or Responsible for Payment.

3. Appointment Reminders and Other沟通. We may use or disclose health information to remind you about your appointment and to notify the person with whom you have given authorization to receive such information. We also provide that we may see information about you from other participants.

4. Treatment Alternatives. We may contact you about treatment alternatives or other healthcare-related benefits and services that may be of interest to you.

5. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your written authorization, except for certain treatment, payment or healthcare operations purposes.

6. Facility Directory. Unless you notify us otherwise, we may use your name, street address, city, and zip code to contact you about your treatment or to notify you of the need for follow-up care or test results, or for other health-related benefits or services that you may be eligible to receive.

7. Business Associates. There are some services that we and our affiliates provide through contracts with business associates who are performing work on our behalf. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, business associates are also required to appropriately safeguard your information.

8. Fundraising. We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you about fundraising efforts, which may be of interest to you. We may contact you about fundraising efforts in person, by telephone, mail, email, or personal visits in an effort to raise money for clinical programs, research, and education for the WVU Robert C. Byrd Health Sciences Center, Charleston Division. Money raised by the fundraising efforts of our Office of Development at the WVU Charleston Division is used to expand and improve services and programs we provide to the community. If you choose not to have us contact you for fundraising efforts, you may opt out of any future telephone calls, mailings, or personal visits by making your request in writing to: Director of Development, WVU Charleston Division Health Sciences, 3110 MacCorkle Avenue, S.E., Room 205B, Charleston, W.Va. 25304.
9. Marketing. We will not use or disclose your protected health information for marketing purposes unless we obtain your written authorization. We do not provide or sell your protected health information to any outside marketing firms or agencies.

10. Sale. We will not use or disclose your protected health information in a manner that constitutes a sale of the protected health information without your written authorization.

11. Research. Research is conducted under strict Institutional Review Board (IRB) guidelines designed to protect the subjects of research. Health information about you may be disclosed to researchers preparing to conduct a research project. For example, it may be necessary for researchers to look for patients with specific medical characteristics or treatments. We will obtain your authorization prior to using your health information in research studies if information that directly identifies you is disclosed. The only exception would be when the IRB is required by federal regulations to grant a waiver of authorization. We will ask for your specific permission if the research involves treatment. If you are asked for such permission, you have the right to refuse.

12. Public Health. We may disclose health information about you for public health activities. These activities may include:
   a. disclosures to a public health authority authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury, or disability;  
   b. reporting events such as births and deaths; 
   c. notifying people of recalls of products they may be using;  
   d. notifying you of recalls of products for the purpose of preventing or controlling disease, injury, or disability;  
   e. reporting to FDA-regulated entities for purposes of monitoring or reporting the quality, safety, or effectiveness of FDA-regulated products; or  
   f. notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

13. Workers Compensation. We may disclose health information to the extent authorized and necessary to comply with laws relating to workers’ compensation or other similar programs established by law.

14. Military and Veterans. We will not use or disclose your protected health information for the purpose of selling, leasing, or loaning medical records to any business or agency not directly involved in your health care.

15. Law Enforcement. We may disclose health information as required or permitted by law. Following are examples:
   a. identifying or locating a suspect, fugitive, material witness, or missing person;  
   b. in response to a court order, subpoena, warrant, summons, or similar process;  
   c. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;  
   d. about a death we believe may be the result of criminal conduct;  
   e. involving criminal conduct at the hospital; and  
   f. in emergency circumstances to report a crime, the location of the crime or victim, the identity, description, or location of the person who committed the crime.

16. Health Oversight Activities. We may disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings required by the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

17. Legal Proceedings. We may disclose your health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to you, or a protected person, are provided.

18. As Required by Law. We will use or disclose your health information as required by federal, state or local law. By law, we must make disclosures to you and, when required, to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 and subsequent regulations.

We may share your information with:
   a. coroners, medical examiners, and funeral directors so they can carry out their duties;  
   b. federal officials for national security and intelligence activities;  
   c. federal officials who provide protective services for the President and others such as foreign heads of state, or to conduct special investigations;  
   d. a correctional institution if you are an inmate;  
   e. a law enforcement official if you are under the custody of the police or other law enforcement official.

19. Health Information Breach Notice. We will use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

20. Incidental Uses and Disclosures. There are certain incidental uses or disclosures of health information that occur while we are providing services to you or conducting our business. For example, after surgery, the nurse or physician may need to use your name to identify family members that may be waiting for you in a waiting area. Others may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Change of Ownership. In the event that WVUPC is sold or merged with another organization, your medical information/record will become the property of the new owner.

E. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information. For more information about these rights to request copies, amendments, or restrictions of your records, contact the WVUPC Privacy Officer by mail at 3110 MacCorel Avenue, S.E., Charleston, WV, 25304, or by phone at (304) 347-1354.

1. Right to Inspect and Copy Your Records. You may request to look at your medical and billing records and obtain a copy. Your health information is contained in a designated record set for as long as we maintain the record. A “designated record set” contains medical and billing records and any other records that your healthcare provider or hospital use for making treatment decisions about you, except for psychotherapy notes. If you request a copy of your records, we may charge you a copying fee plus postage. If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record 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, or the protected health information is 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 fee for the cost of the labor associated with transmitting the electronic medical record.

2. Right to Request Amendment. You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provides rationale for the amendment. We will consider your request and will make amendments based on the medical opinion of the healthcare provider who originated the entry. However, if the healthcare provider believes the entry should not be amended, we are not required to make the amendment. We will inform you about the denial and how you can disagree with the denial.

3. Right to Request Restrictions. You may request restrictions on how your health information is used for treatment, payment, or healthcare operations, or to certain family members, or others who are involved in your care. We may deny your request with limited exception. If we do not agree to a restriction, you have the right to have a dispute resolution mechanism made available to you by the Health Information Department, specifying what information you wish to restrict, to whom the restriction applies, and an expiration date. You will receive a written response to your request.

4. Right to Request and Receive Private Communications. You may request that we communicate with you in a certain way in a certain setting. For example, you may request that we contact you at work or by mail. You must make your request in writing to your Privacy Officer and explain how and where you wish to be contacted.

5. Right to an Accounting of Disclosures. You may request an accounting of certain disclosures of your health information showing whom your health information has been shared (This does not apply to disclosures to you, disclosures made with your authorization; disclosures for treatment, payment, or healthcare operations; and disclosures in certain other cases). To request an accounting of disclosures, contact the Health Information Department at (304) 347-1354.

6. Right to Receive Notice of Breach. You have the right to be notified upon a breach of any of your unsecured protected health information.

7. Right to Receive a Paper Copy of this Notice. You may request a hard copy of this notice at any time from any patient registration area. You may also obtain a copy of this Notice on our website at www.WVUPC.org

F. OTHER USES OF YOUR HEALTH INFORMATION

We will not use or share your health information for reasons other than those described above without your written authorization. For example, you may want to give health information to your child’s school. We will share your health information in ways that comply with your authorization; disclosures for treatment, payment, or healthcare operations; and disclosures in certain other cases.

G. FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information, you may contact the WVUPC Privacy Officer at (304) 347-1354. If you believe your rights have been violated, you may file a complaint with the Office for Civil Rights. We will provide you with the address to file your complaint with OCR under request. Information may also be found at OCR’s web site at www.hhs.gov/ocr.

We support your right to protect your personal medical information. You will not be treated differently or penalized for filing a complaint. We will not retaliate in any way if you choose to file a complaint with us or with the Office for Civil Rights.