

# HIPAA Omnibus Notice of Privacy Practices

Revised 2014

Effective as of: 12-30-2014

[RIFE & Associates FAMILY MEDICINE](#)  
[10755 163<sup>rd</sup> Place, Orland Park, IL 60467](#)  
[\(708\) 873-1187](#)

**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.**

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services including third parties.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

**We may use or disclose your protected health information in the following situations without your authorization.** These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

## **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Unless otherwise stated **other Permitted and Required Uses and Disclosures** will be made **only with your consent, authorization** or opportunity to object unless required by law.

**You may revoke the authorization**, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

## **YOUR RIGHTS**

The following are statements of your rights with respect to your protected health information and forms are available at the front desk.

**You have the right to inspect and copy your protected health information within limits (fees may apply)**

**You have the right to request a restriction of your protected health information including with whom we may communicate –**

**You have the right to request to receive confidential communications – Focus Internal Medicine provide a “portal” for easy dissemination of this information.**

**You have the right to request an amendment to your protected health information by completing an office form.**

**You have the right to receive an accounting of certain disclosures –** You have the right to receive an accounting of disclosures of your information for other than treatment, payment or operations of the practice

**You have the right to receive notice of a breach –** We will notify you if your unsecured protected health information has been breached.

**You have the right to obtain a paper copy of this notice**

## **COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer (the Office Manager) of your complaint. **We will not retaliate against you for filing a complaint.**

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HIPAA COMPLIANCE OFFICER: **Office Manager** Phone: **(708) 873-1187**

**We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.**