



DIGESTIVE HEALTH ASSOCIATES of Cheyenne

Notice of Privacy Practices

This notice is required by the Federal Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Internal Medicine Group, P.C., doing business as Digestive Health Associates of Cheyenne (DHA) is committed to protecting the privacy of your individually identifiable health information. DHA is required to give you this notice to tell you how we may use and disclose your protected health information (PHI) and instruct you on your rights relating to this information.

DHA's Use or Disclosure of Your Protected Health Information (PHI):

- **Treatment:** DHA uses your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Finally, we may also disclose your PHI to other physicians who are involved in your treatment.
- **Payment:** DHA may use and disclose your PHI in order to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.
- **Health Care Operations:** DHA may use and disclose your PHI to operate our business. For example, we may use and disclose your information to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for DHA.
- **Appointment Reminders:** DHA may use and disclose your PHI to contact you and remind you of any appointment.
- **Release of Information to Family/Friends with Your Permission:** DHA may release your PHI to a family member or friend involved in your care, or who assist in taking care of you with your permission. For example, a family member who assists you in meeting your health care needs may accompany you on a visit to DHA. This family member may have access to your medical information while we are treating you and/or to assist in your follow up care.
- **Disclosures Required by Law:** DHA will use and disclose your PHI when we are required to do so by federal, state or local law.

Authorization:

DHA will obtain your written authorization to use or disclose your PHI for any purpose that is not set out in this notice. DHA will obtain written authorization from you to use your PHI for marketing or fundraising purposes. You may revoke your authorization at any time.

This is a revised notice for DHA. The effective date of this revised notice is September 23, 2016. DHA may revise this notice from time to time, and when this notice is revised, it will be posted at DHA facilities. It will also be available on DHA's website at <http://www.dhaweb.com>

Digestive Health Associates of Cheyenne

7212 Commons Circle • Cheyenne, WY 82009
307-635-4141

Your Rights:

You may:

- Inspect and obtain a copy of your PHI held by DHA
- Amend any of your PHI created by DHA if you believe it is incorrect or you believe that information is missing, and DHA agrees. If DHA agrees, we will advise you of that fact. You may have a statement of your disagreement added to your PHI.
- Obtain a list of those who have received your protected health information from DHA for any disclosure made after April 14, 2003 not to exceed 6 years.
 - The list will not include certain disclosures such as PHI for:
 - Your treatment
 - Your payment
 - Our healthcare operation
 - Given to and/or authorized by you or your personal representative for DHA to release
 - PHI that was disclosed for law enforcement purposes.
- Ask DHA to communicate with you in a different manner or at a different place such as sending PHI to your office rather than your home address
- Request that DHA limit how your PHI is used and disclosed. DHA will accommodate reasonable requests but may not agree with limitations that conflict with treatment, payment, or health care operations
- Request that any service paid for in full by you not be included in disclosures to your health plan
- Obtain a paper copy of this notice.

You may exercise the foregoing rights by contacting DHA's Privacy Officer in writing, at the address listed below.

DHA's Responsibilities and Rights:

DHA:

- Is required by law to maintain the privacy of your PHI and to furnish you with your notice of our legal duties and privacy practices regarding your PHI
- Must follow the terms of the notice currently in effect
- Must obtain a signed acknowledgement or document that you received this notice
- Will never sell your PHI
- Will notify you in writing of any breach where your PHI was unsecured
- May revise our privacy practices as outlined in this notice and make the new practices effective for all the PHI we maintain. DHA will issue a revised notice should our privacy practices be changed.

Complaints:

If you believe your privacy rights may have been violated, you may express concerns or make a complaint with DHA and/or to the Secretary of the Department of Health and Human Services. There will be no retaliation against any person making a complaint. Complaints made to DHA should be made in writing to the attention of the Privacy Officer at DHA at the address set forth below.

Contact:

If you have questions or concerns or wish to issue a complaint, please contact:

Privacy Officer
Digestive Health Associates of Cheyenne
7212 Commons Circle
Cheyenne, WY 82009

Telephone (307) 635-4141