# Use or Disclosure for Treatment, Payment or Operations

Health Care Operations include such activities as Quality Assurance and the Accreditation or Licensing of the practitioners. These activities are usually conducted by professionals in licensing or oversight agencies, or by Health Insurance Plans or other payers and involve reviews of samples of health information from patient records. Operational activities also include case management or care coordination, and training and activities related to the detection of fraud and abuse. Since the activities are undertaken in the interest of assuring continuous improvement of the quality of health care, the Federal Regulations permit these uses of your data.

There are other circumstances under which disclosures do not require your permission. Disclosures that are required by law, such as mandated reported of public health issues, child abuse or neglect to law enforcement personnel engaged in criminal investigation or in responding to court orders. Research conducted under the auspices of the Food and Drug Administration or supervised by an Institutional Review Board in a Hospital or Medical School does not require your approval.

If we are asked to provide data for research about patients meeting certain criteria, and if we decide that the proposed project is one that we wish to participate in, we will contact individuals who meet the criteria to (a) inform them of the project and that their information meets the criteria; and (b) to seek an individual authorization to disclose Protected Health Information for this purpose. It is not necessary for you to agree and thee will be no negative consequence to you for refusing to authorize this disclosure and we will honor your wishes in this regard.

Specific Authorization by you is required for other uses or disclosures of your Protected Health Information. You also have other rights regarding your information.

You have the right to request additional restrictions on the use or disclosure of your Protected Health Information. For instance, you can request that Protected Health Information not be disclosed to a particular family member. (Example: I do not want to have lab work done at “XYZ LAB” because I work there).

You have the right to request confidential treatment of communications (Example: Delivery of test results or general mail to a P.O. Box or other alternate address).

You have the right to access for inspection and review and/or copy of your health information held by this practice; and you have a right to request amendments to any portion of the record.

For each of these, your approved request will be entered in the record. However, we are not required to agree with your request. If we do not agree, our reasons will be noted. If we DO agree, we are bound to comply with the request.

You have a right to an accounting of disclosures other than those permitted for treatment, payment and operations or disclosures to yourself. You also have the right to file a complaint with us (this request can not be denied) and/or with the office of Civil Rights of the Department of Health and Human Services.

BELMONT MEDICAL ASSOC., INC.

725 CONCORD AVENUE, SUITE 4100

CAMBRIDGE, MA 02139

(617) 864-8822

**NOTICE OF PRIVACY PRACTICES**

Whenever you visit the Doctor’s Office, your visit creates Health Information. It may be a routine physical exam, or an illness or injury that you felt needed attention. Whatever the reason, new health information about you is created. We are required, by Federal Regulations, to make sure that we act only in ways that respect the confidentiality of your information and use and disclose that information only for appropriate and necessary purposes. This notice is intended to inform you of those uses and disclosures and to explain your rights regarding your Protected Health Information. Protected Health Information is any health information about you that includes pieces of information that could link that information to you.

# Use or Disclosure for Treatment, Payment or Operations

In order to receive payment for your visit and lab tests, bills must be sent to your Health Insurance Company. Each bill contains your identifiers and information about the nature of your appointment. Sometimes, other insurers are involved as well. The Federal Regulations allow us to do our billing as an obvious and necessary part of health care system. The Health Plans that pay us for your care are also required to protect confidentiality. The privacy rule also permits us to use or disclose your Protected Health Information to aid another covered entity in its efforts to receive payment.

# Designated Record Set

The Designated Record Set of protected information includes your Medical Record, the records associated with billing for your treatment and information stored and used on behalf of this office by our Business Associates – other companies that we have contracted with them to perform various other functions for us. These Business Associates are aware of their obligation to protect the confidentiality of the information they use on our behalf.

**Use or Disclosure for Treatment, Payment or Operations**

During the course of your visit, the Doctor may record your height, weight and blood pressure, perform certain examinations and record the findings, have blood drawn for lab work, take an x-ray or perform other tests and possibly write a prescription. These pieces of information are added to your Medical Record. On or prior to your next visit, the record of previous visits will be reviewed. Sometimes a nurse, nurse practitioner or other physician may be involved. All of these events involve uses of your Protected Health Information. Sometimes your doctor may make a referral to another medical professional such as a specialist or physical therapist. That individual receives the necessary portions of your Protected Health Information. But she/he is likewise required to treat the information in a confidential manner. In most offices there are individuals other than Doctors and Nurses who also handle your medical record. The person who books your appointment may also retrieve your record on the morning of your visit. We take very seriously the need for our entire staff to respect you and information about you. Should you have additional concerns you may consult with our Privacy Officer.

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**NOTICE OF PRIVACY PRACTICES**

**Procedure for any record sent in error:**

In the event that medical records or a bill is sent in error regarding any patient, both parties will be informed and the incorrect party will be asked to return the record to this office for documentation. Bills being sent by computer may sometimes adhere to one another and a bill could be sent in error to the wrong party. In this case, both parties will be informed and the incorrect party will be asked to return the bill. Follow-up in all cases will be handled by Administration.

**Please sign the separate Acknowledgement of Notice of Privacy Practices form**

Belmont Medical Associates, Inc.

(617) 864-8822