



Noel R. Williams, M.D.

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

Noel R. Williams, M.D., is committed to protecting the privacy of your medical information. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. This Notice describes your rights and our legal duties regarding your Protected Health Information ("PHI"). "Protected Health Information is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. In this Notice, we call that protected information, "medical information". If you have any questions about this Notice, please contact the Privacy Officer for Noel R. Williams, M.D. at (405)715-4496..

HOW THIS MEDICAL PRACTICE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION

- 1. Treatment..** We will use your medical information for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, we may disclose your medical information to other doctors, nurses, technicians, medical students, or other members of our staff who are involved in taking care of you or to other health care professionals for additional treatment or follow up care such as home health services. We also may disclose your medical information to people outside our medical practice who may be involved in your care such as your family members.
- 2. Payment.** We may use and disclose your health information to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, we may need to give your health plan information about a procedure we perform at our office so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.
- 3. Health Care Operations.** We may use and disclose your medical information as necessary to support the day-to-day activities and management of Noel R. Williams, M.D. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.
- 4. Appointment reminders.** We may use and disclose your medical information to remind you about appointments. For example, we may phone your home to remind you about your appointment. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
- 5. Notification and Communication with Family.** We may disclose your medical information to notify or assist notifying a family member, or another person who is involved in your care unless you ask us not to. In the event of a disaster, we may disclose information to a relief organization, such as the Red Cross, so that they may coordinate these notification efforts. We may also disclose information to someone who pays for your care. If you are unable to agree or object to these disclosures, our health professionals will use their best judgement in communicating with your family and others.
- 6. With your authorization.** We may disclose your medical information for purposes not described in this Notice or otherwise permitted by law only with your written authorization. You may revoke an authorization at any time, in writing, but only as to future disclosures, and only where we have not already acted in reliance on your authorization. Revocations should be delivered to the Privacy Officer.
- 7. Required by Law.** We may use and disclose your medical information when required to do so by law, but only to the extent and under the circumstances provided in that law.
- 8. Law Enforcement.** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.
- 9. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- 10. Public Health and Safety.** Your medical information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability; to report birth defects or infant eye infections; to report cancer diagnosis and tumors; to report child abuse or neglect or a child born with alcohol or other substances in its system, to report reactions to medications or problems with products; to notify you of recalls of products you may be using; to notify the Oklahoma State Department of Health that a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases; or to notify the appropriate governmental authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, if the victim agrees to our reporting or if we are required to do so by law. Your medical information may be disclosed to appropriate persons in order to prevent or lessen a serious and imminent threat to you or to the health and safety of a particular person or the general public.
- 11. Specializing Government Functions.** We may disclose your medical information for military or national security purposes, national intelligence, protection of the President, or to correctional institutions or law enforcement officers that have you in their lawful custody.
- 12. Military.** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.



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13. **Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.
14. **Coroners/Funeral Directors.** We may disclose your medical information to coroners in connection with their investigations of death or to funeral directors to enable them to carry out their lawful duties.
15. **Organ or Tissue Donation.** We may disclose your medical information to organizations involved in procuring, banking or transplanting organs, eyes and tissues, as necessary to facilitate organ, eye or tissue donation or transplantation.
16. **Workers' Compensation.** Your medical information may be used or disclosed as required by law related to workers' compensation.
17. **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your medical information will become the property of the new owner who will have access to it, although you will maintain the right to request that copies of your medical information be transferred to another physician or medical practice.
18. **Products or Service Information.** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We will not use or disclose your medical information for these purposes without your written authorization.
19. **Research.** We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information and has approved the research.

By Oklahoma law we are required to notify you that your medical information used or disclosed as described in this *Notice of Privacy Practices* may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

YOUR MEDICAL INFORMATION RIGHTS

You have the right:

- q To receive a paper copy of this *Notice of Privacy Practices*.
- q To request restrictions on certain uses and disclosures of your medical information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision. If we agree to a restriction, we may disregard it if the information is needed to provide you emergency treatment.
- q To request confidential communications concerning your medical condition and treatment. For example, you may ask that we send information to your work address. We will comply with all reasonable request submitted.
- q To review and obtain a copy of your medical information, with limited exceptions defined by law. A reasonable fee may be charged for making copies. Under Oklahoma law, a fee of 25 cents per page plus postage is allowed. Copy and postage fees. If we deny your request for copies, you will be informed of your rights to appeal our decision.
- q To request that we amend or your medical information that you believe is incorrect or incomplete. Your request to amend must be in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your medical information and will provide you with information about this practice's denial and how you can disagree with the denial. Even if we accept your request, we may not delete any information already in your medical record. You also have the right to request that we add to your record a statement of up to two hundred and fifty (250) words concerning any statement or item you believe to be incomplete or incorrect.
- q To receive an accounting of disclosures made of your medical information by this medical practice unless the disclosures were for purposes of treatment, payment, health care operations, certain government functions, or pursuant to your written authorization.

Contact:

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact our Privacy Officer. Noel R. Williams, M.D., 1700 S. Renaissance Blvd., Edmond, OK 73013. (Phone # 405-715-4496)

Changes to this Notice:

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Complaints:

Complaints about this *Notice of Privacy Practices* or how this medical practice handles your medical information should be directed to the attention of the:

Privacy Officer
Noel R. Williams, M.D.
1700 S. Renaissance Blvd.
Edmond, OK 73013

There will be no retaliation for filing a complaint.