



Notice of Privacy Practices
Desert Light Health Associates

Effective May 1, 2016

To our patients – This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy – Our practice is dedicated to maintaining the privacy of your health information. DLHA realizes that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances:

Your authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

DLHA must obtain your authorization to disclose physiotherapy notes, marketing disclosures and sale of PHI.

DLHA must notify you in case of a breach of unsecured PHI.

Uses and Disclosures for Payment – We may make requests, uses and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

Uses and Disclosures for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal or replacement of your health insurance coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance.

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.



Business Associates – At times we use outside persons or organizations to help us provide you with the best service available. Examples of these outside persons and organizations might include vendors that help us process your claims. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communication to you about your health and health-related products we have available to you.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for any public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect. We may also disclose your PHI if we believe you to be a victim of abuse, neglect or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g. a state insurance department) conducting audits, investigations or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g. to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety
- We may use or disclose your PHI if you are a member of the military as required by armed forces services and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Dept. of Health and Human Services for enforcement of HIPAA.

In the even applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.



Your rights regarding your health information:

1. Right to Request Restrictions: You have the right to request disclosure restrictions of PHI health plan with respect to healthcare for which you have paid out of pocket in full where not elsewhere restricted by law.
2. DLHA is required by law to provide to you a notification of all demonstrated breaches of your PHI.
3. Communications: You can request that DLHA communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that DLHA contact you at home, rather than work. DLHA will accommodate reasonable requests.
4. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that DLHA restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. DLHA is not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
5. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Official Don Vidoli. You must provide us with a reason that supports your request for the amendment.
6. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Official, Don Vidoli. You must provide us with a reason that supports your request for the amendment.
7. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you're a copy of this notice at any time. To obtain a copy of this notice, contact our Privacy Official Don Vidoli.
8. Right to file a complaint – If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Regional Office for Civil Rights, US Dept. of Health and Human Services. Regional Office information may be found online at www.hhs.gov/ocr/office/about/rgn-hqaddresses.html or ask the Privacy Official for the information. To file a complaint with our practice, contact our Privacy Official Don Vidoli. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
9. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.



In accordance with the standards of implementation specifications of 45 C.F.R. § 164.524, Provider may grant an individual access to inspect and obtain a copy of protected health information about the individual in a designated record set.

Desert Light Health Associate's policy:

1. The designated record set that is subject to access by an individual is as follows:

- a. Medical Records
- b. Billing Records
- c. List of all those requesting copies of designated record set for access by individuals are as follows:

Privacy Official Don Vidoli

DLHA also uses protected health information for the following reasons: (you may opt out of this authorization). Special initial authorization is required and attached.

Marketing; internal referral board, testimonials, pictures on bulletin board, sending newsletters or information unrelated to healthcare and other marketing materials.

You can reach the Privacy Official at:

Don Vidoli

12 N. Main Street Suite 30

W Hartford CT 06107

862-561-2286

Hours Available: A message may be left for our Privacy Official any time the clinic is open and your call will be returned within 7 business days.



Notice of Privacy Practices Acknowledgement
Initial Uses Authorization Form
Desert Light Health Associates

Effective May 1, 2016

By signing this form, you acknowledge that you were presented with a copy of the Notice of Privacy Practices of Desert Light Health Associates. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. The most current Notice of Privacy Practices will be placed on display in the office at all times. You may obtain additional copies of our most current noticed by requesting it from our privacy official, Dr. L. Gregg.

DLHA also uses protected health information for the following reasons: (you may opt out of this authorization). Special initial authorization is required and attached. Marketing; internal referral board, testimonials, pictures on bulletin board, sending newsletters or information unrelated to healthcare and other marketing materials. _____ Please initial is approved.

If you have any questions regarding this notice or our health information privacy policies, please contact Don Vidoli 12 N. Main Street Suite 30 W Hartford CT 06107 860-561-2286

Hours Available: A message may be left for our Privacy Official any time the clinic is open and your call will be returned within 7 business days.

Your email address: _____ (You may receive PHI via email)

Print Patient Name: _____

Signature Patient/Personal Representative: _____

Relationship of Personal Representative: _____

Date of Signature: _____

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STAFF complete only is NO signature is obtained. If it is not possible to obtain the patient's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reasons why the acknowledgment was not obtained.

_____ Patient refused to sign this acknowledgment even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.

_____ Other: _____



Staff Signature : _____ Date _____