

HIPAA & PRIVACY COMPLIANCE

This document relates to HIPAA compliance and describes how medical information about you may be used and disclosed.

GENERAL OVERVIEW

The Office of Civil Rights (OCR) of the Department of Health and Human Services includes several statements on its [HIPAA FAQs page](#). Notably: *“The Privacy Rule allows covered health care providers to communicate electronically, such as through e-mail, with their patients, provided they apply reasonable safeguards when doing so. See 45 C.F.R. § 164.530(c). For example, certain precautions may need to be taken when using e-mail to avoid unintentional disclosures, such as checking the e-mail address for accuracy before sending, or sending an e-mail alert to the patient for address confirmation prior to sending the message.”*

What if a patient initiates communications with a provider using email? The OCR declares: *“Patients may initiate communications with a provider using e-mail. If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual. If the provider feels the patient may not be aware of the possible risks of using unencrypted e-mail, or has concerns about potential liability, the provider can alert the patient of those risks, and let the patient decide whether to continue e-mail communications.”* Therefore, email communications are permitted, but as a provider - Potomac Physical Medicine must take precautions.

- Inform patients about the risks of using email that includes patient health information (PHI);
- Providers should be prepared to use email for certain communications, if requested by the patient, but must ensure they are not exposing information the patient does not want shared; and
- Providers must take steps to protect the integrity of information and protect information shared over open networks.

HIPAA COMPLIANT E-COMMUNICATION PRACTICES

In order to facilitate communication, we may utilize e-communication via the patient portal with your permission. We are committed to protecting the privacy of patients and the security of health care information. Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. Please do not include personal identifying information such as your birth date, or personal medical information in any emails you send to us. No one can diagnose your condition from email or other written communications, and communication via our website cannot replace the relationship you have with a physician or another healthcare practitioner.

We do offer a patient portal and we encourage patients to use the portal’s capabilities for secure communications. Most portals utilize secure channels for the information available via the portal. Our electronic health record (EHR) vendor has met and or exceeded the qualifications and standards to be HIPAA compliant. We have business associate agreements with all our vendors who have signed off to maintain security of your Protected Health Information (PHI). Our practices, as well as those of our vendors, are in compliance with the regulations and recommendations put forth by the Office of Civil Rights (OCR), the Privacy Rule, the OIG and the Department of Health and Human Services (DHS). We have signed business associate agreements with all parties to help ensure that all parties involved are taking precautions to prevent security breach to the best of our abilities. We are committed to thoroughly disclosing our privacy practices and safeguards to keep your information secure. My signature on this form declares my acknowledgment that I have asked all of the questions that I have, and am satisfied with the answers and that I have no additional questions.

NOTICE OF PRIVACY PRACTICES (NPP) POLICY

At Potomac Physical Medicine, we respect and protect your privacy and the confidentiality of your personal health information. In order to safeguard your privacy, we enforce the following privacy principles and information practices as required by the Health Insurance Portability and Accountability Act (HIPAA).

We respect your privacy and personal information and will handle your data with care. You have the right to review and correct your personal information. You may review your information and notify us of errors and omissions. We will call all numbers on file and leave a message regarding confirmation of your appointment or with questions regarding your account. If someone calls the office and inquires about you by name, we will not give out any identifying information. One exception would be in communicating with your health insurance carrier.

We will collect and maintain information to administer our business, and to provide products, services, and information of importance to you. We provide security safeguards in the handling and maintenance of your information to protect against risks such as loss, destruction or misuse. We conduct periodic reviews to ensure proper handling and processing of your information. **We do not sell individual information to unaffiliated third parties for marketing purposes.** Our information exchanges are within our trusted circle of affiliates and business associates and are designed to deliver products, services, and information that are helpful to you. We require our business associates and affiliates to protect your privacy. We will enforce these principles and hold our business associates and affiliates accountable for protecting your privacy.

I acknowledge that I have received and had the opportunity to review the Notice of Privacy Practices. I understand that the Notice describes the uses and disclosures of my protected health information by Potomac Physical Medicine and informs me of my rights with respect to my protected health information.

HIPAA/PRIVACY PRACTICE ACKNOWLEDGEMENT

We will protect your private health care information and not share it with unauthorized parties without your permission. We may use your information for treatment, payment, or healthcare operations. The entire detailed HIPAA statement is available for your review and you may request a copy for your records. By signing here, you acknowledge that Potomac Physical Medicine has provided you the option to have a copy of the Notice of Privacy Practices and have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

Patient Name or Legal Representative: Print		Date of Birth: MM/DY/YEAR	
Signature:		Date: MM/DY/YEAR	