

## **Notice of Privacy Rules**

Dr. Leigh Saint-Louis, M.D., LLC ("Dr. Leigh")  
PO Box 10105, Eugene, OR 97440  
leigh@drleigh.org ~ http://drleigh.org

This Notice is effective August 1, 2009

**This Notice describes how medical information about you may be used. Please review it carefully!**

### **Summary of privacy rules:**

Dr. Leigh may share your health information to:

- treat you
- get paid
- run the office
- tell you about other health benefits & services
- raise funds
- include you in our mailing lists
- tell your family & friends about you
- do research studies

Dr. Leigh may be obliged use your health information for:

- public health & safety reasons
- organ & tissue requests
- military purposes, if you are in the military
- lawsuits
- law enforcement requests
- national security reasons
- coroner, medical examiner or funeral director use

You have the right to:

- get a copy of your medical record
- ask to change your medical record if you think it's wrong
- get a list of everyone we share your health information with
- ask us to limit the information we share
- get a copy of our privacy rules
- ask us to communicate with you in an alternative way (for example, cell phone only)
- complain in writing to Dr. Leigh, or to the Department of Health and Human Services, if you think your privacy rights have been violated

**Please read the rest of this Privacy Notice for details on these rules!**

## **Notice of Privacy Rules for Protected Health Information ("PHI")**

Dr. Leigh is committed to keeping your personal health information confidential and secure.  
We will protect your *Protected Health Information* ("PHI")  
by maintaining policies that follow with the HIPAA law -  
the *Health Insurance Portability and Accountability Act* of 1996 ("HIPAA").

*This Notice describes how your PHI may be used, and how you can get access to your PHI.  
Please review it carefully.*

### **What is PHI?**

PHI is information that may identify you. It is information about your past, present, or future physical or mental health and your related health care. It may include your symptoms, examinations, test results, diagnoses, treatments, and needs for future care or treatment. For example, your name, address, or phone number, PLUS the fact that you are a smoker, or the results of your blood tests, are examples of PHI.

### **How we collect information about you:**

Dr. Leigh may collect information about you in many different ways, such as face-to-face medical exams and discussions, letters, phone calls, emails, voice mails, and paper or online forms you fill out for Dr. Leigh.

Dr. Leigh does not give out, share, exchange, barter, rent, sell, lend, or disseminate any information about clients that is considered confidential, is restricted by law, or has been restricted by a client in a signed HIPAA consent form, other than as specified in this document. We also do not use cookies on our website to collect information about website visitors.

### **Your health information rights under the HIPAA law**

You have certain rights with your personal PHI. If you have questions about how to exercise your rights, please contact Dr. Leigh or the Secretary of Health and Human Services (addresses at the beginning and end of this document).

### **You have the right to:**

#### **Get a copy of your medical record:**

You have the right to review and copy PHI from your medical record for as long as Dr. Leigh maintains it. To review or copy this information, send a written request to Dr. Leigh at the address shown at the beginning and end of this Notice. We may charge a fee for the costs of copying, mailing, and supplies for your request. We may deny your request in certain limited circumstances. If this happens, you may ask us to review the denial.

#### **Ask to change your medical record if you think it's wrong:**

If you believe that your PHI is incomplete or incorrect, you may ask for an amendment by sending a written request to Dr. Leigh (address shown at the beginning and end of this Notice). You must include a reason to support your request. If we deny your request, you have the right to file a statement of disagreement. We may give a rebuttal to your statement of disagreement. These documents may be added to your medical record.

#### **Get a list of everyone we share your health information with:**

You have the right to receive a record of any disclosures of your PHI made by Dr. Leigh for purposes other than treatment, payment, or other health care operations. This record will not include certain disclosures, such as disclosures made directly to you, disclosures you authorized, disclosures to friends or family involved in your care, or disclosures for notification purposes.

To request a record of everyone we've shared your PIH with, send a written request to Dr. Leigh at the address shown at the beginning and end of this Notice. Your request must give the time period (dates) covered by your request (up to six years). You may be charged for this service, if you make more than one request within a twelve-month period. If this happens, we will notify you of the cost in advance, and you can choose to change or cancel your request at that time.

**Ask us to limit the information we share:**

You may ask us to limit our use or sharing of your PHI. However, we are not required to agree to your restrictions. To ask for a restriction, send a written request to Dr. Leigh at the address shown at the beginning and end of this Notice. Your request and our reply may be added to your medical record.

**Get a copy of our privacy rules:**

If we provide treatment or medical advice to you, you have the right to receive a written copy of this Notice, either with other New Patient Information, or at our first meeting. We will ask you to acknowledge receipt of this Notice by signing an acknowledgement form.

**Ask us to communicate with you in an alternative way:**

You may request that we communicate with you other than through our normal means. For example, you may request that we communicate with you only on your cell phone, only in writing, or at a different address, or at a post office box. We will accommodate any reasonable request.

**Complain in writing to Dr. Leigh, or to the Department of Health and Human Services, if you think your privacy rights have been violated:**

- If you believe your privacy rights have been violated in any way, you may file a complaint in writing with Dr. Leigh at the address given at the beginning and end of this document. We will attempt to resolve your complaint promptly.
- You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services (HHS), whose street address and e-mail address are given at the end of this document.
- We will not ask you to give up the right to complain to the HHS as a condition for getting care from Dr. Leigh. We will not retaliate against you, if you file a complaint with the HHS.

*For help with exercising any of the above rights, please contact Dr. Leigh, in person or in writing, during normal hours.*

**Ways Dr. Leigh may use or share your PHI under the HIPAA law**

Dr. Leigh will usually use or share your PHI only for purposes of ensuring quality treatment, securing insurance reimbursement for your care, and conducting quality improvement projects. Here are more specific descriptions of how we may use or share PHI:

**To treat you:**

We may use or share your PHI to help deliver, coordinate and manage your health care and related services. For example, with your verbal consent, we may consult with your other physicians, share information with your chiropractor or nutritionist, or provide information to a durable medical equipment store to get you equipment.

**To get paid:**

We may use or share your PHI, as necessary, to obtain payment for the health care we provide to you. For example, prior to ordering a CT scan, we may contact your insurance carrier regarding your treatment, including your diagnosis and treatment needs, to ensure that your insurance carrier will cover such costs. Also, we may share with your insurer (or other payer) information needed to submit claims for payment, or to answer questions they may have regarding our quality of care.

**To run the office:**

We may use or share your PHI in order to support our business activities. These activities may include, but are not limited to, quality improvement projects, business planning and general administrative activities. For example, we may use your PHI in a database to assess outcomes of our clients, resolve complaints, and assess our performance.

Some activities are performed for us, or on our behalf, by our business associates - for example, by an accounting firm. Any contract with a business associates requires them to protect your PHI as required by law.

**To tell you about other health benefits & services:**

We may use or share your PHI to inform you about health-related benefits and services that we think may be of interest to you.

**For fundraising and promotion:**

Pictures, stories, letters, biographies, correspondence, or thank-you notes sent to us become Dr. Leigh's property. We reserve the right to use non-identifying information about our clients for fundraising and promotional purposes that are directly related to our mission. Clients will not be compensated for use of this information. No identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy, and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

**To include you in our mailing lists:**

We may use or share your PHI to contact you with a reminder, such as a reminder of an appointment. We may also use your PHI to send you a periodic newsletter, provide information about a conference or event we think would be of interest to our clients, or to send you a courtesy such as a birthday card.

**To tell your family & friends about you:**

Unless you instruct us otherwise, we may release PHI about you to a family member, relative, or personal friend, or any other person chosen by you. We will share only your PHI which is relevant to the person's involvement with your health care or payment.

**To do research studies:**

We may share PHI about you with researchers, when the research has been approved by an institutional review board or privacy board that has determined there are rules that protect the privacy of your information, and that does not require your permission under the HIPAA law. We may also release to researchers a "limited data set", as permitted by the HIPAA law, consisting of data stripped of name and most other identifiers.

*Please note that the above examples are for illustration purposes only, since we cannot describe every possible use or disclosure.*

**Other reasons we may use or share your PHI:**

Dr. Leigh may be obliged to use or share your health information for other reasons, to comply with various public health and legal requirements. These reasons include:

**For public health & safety reasons:**

As required by law, we may share your PHI with public health or legal authorities that prevent or control disease, injury, or disability. We may be obliged to share your PHI with the Food and Drug Administration (FDA) and the Drug Enforcement Agency (DEA) for purposes of complying with federal drug and treatment laws.

**For organ or tissue requests:**

We may lawfully share your PHI with an organ donor organization or other agencies that obtain, save, or transplant organs, for tissue donation and transplant.

**For the military and veterans:**

If you are a member of the armed forces, we may release PHI about you when lawfully required by military command.

**For lawsuits:**

If you are involved in a lawsuit or legal dispute, we may share PHI about you in response to a court order. We may also share your PHI in response to a subpoena, discovery request, or other lawful process by another

party involved in the dispute, but only if efforts are first made to tell you about the request or to obtain a court order protecting the PHI. We may also share PHI about you as necessary to comply with laws relating to workers compensation or similar programs.

**For law Enforcement:**

- We may share PHI about you for law enforcement purposes, when required by law, or in response to a valid subpoena or other legal process.
- We may share PHI about you with an oversight agency when required by law. Oversight activities may include audits, investigations, and inspections related to our practice.
- We may use or share PHI about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of someone else.
- We may share PHI about you with a government agent or office, if we reasonably believe that you are a victim of abuse, neglect, or violence.
- If you are an inmate of a correctional institution, we may share your PHI with the institution or its agents when lawfully required and necessary for your health or the health and safety of others.

**For national security reasons:**

We may release PHI about you, when lawfully required, to authorized federal officials national security activities authorized by law. This may include disclosures necessary for the protection of domestic or foreign officials.

**For coroners, medical examiners, and funeral directors:**

We may release PHI about you to a coroner or medical examiner, when necessary to identify a deceased person or determine cause of death.

**Any other use or disclosure of your PHI**

Dr. Leigh will obtain your written consent before using or disclosing your PHI for any purposes other than those described above, or as otherwise permitted or required by law. You may withdraw your consent in writing at any time. When we receive your written request to withdraw your consent, we will stop using or disclosing PHI about you, except as specified above or to the extent we have already taken action in reliance on your authorization.

**Complaints**

- If you believe your privacy rights have been violated in any way, you may file a complaint in writing with Dr. Leigh at the address below. We will attempt to resolve your complaint promptly.
- You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address and e-mail address are below.
- We will not ask you to give up the right to file a complaint with the Secretary of Health and Human Services (HHS) in order to get care from Dr. Leigh. We will not retaliate against you for filing a complaint with the Secretary.

**Dr. Leigh's duties under the HIPAA law**

- Dr. Leigh is required by law to guard the privacy of protected health information and to provide clients with Notice of Dr. Leigh's privacy practices.
- Dr. Leigh is required by law to abide by the terms of this Notice while it is in effect.
- Dr. Leigh reserves the right to change the terms of this Notice. If that happens, the new Notice will apply to all health records maintained by Dr. Leigh, regardless of whether the records were created before or after the changes to the Notice. We will make the changes available to our clients on request. We will post a copy of the new Notice on our website.

This Notice is effective August 1, 2009.

Questions relating to Dr. Leigh's privacy policies and practices under the HIPAA law should be sent to:

Re: HIPPA  
Dr. Leigh Saint-Louis, MD, LLC  
PO Box 10105  
Eugene, OR 97440  
[leigh@drleigh.org](mailto:leigh@drleigh.org)  
<http://drleigh.org>

Re: HIPPA  
Secretary of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201  
[HHS.mail@HHS.gov](mailto:HHS.mail@HHS.gov).

**Acknowledgement of Receipt of Notice of Privacy Rules**

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires all health care providers to give patients a copy of their Privacy Rules, and make a good faith effort to obtain written acknowledgement from patients that they received it.

I understand that I do not have to sign this form. If I don't sign this form, it will not affect my care.

By signing this form, I acknowledge that I have received a copy of Dr. Leigh Saint-Louis, MD, LLC's Privacy Rules. I have read the rules and understand them. If I am signing for a minor child, I understand that the Privacy Rules apply to my child's Personal Health Information.

Sign name:

Print name:

Print patient's name, if different:

Date and time:

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Acknowledgement not obtained:

- Patient declined to sign document
- Unable to communicate with patient
- Emergency situation
- Other: