

# CloseKnit

## HIPAA Notice of Privacy Practices

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CloseKnit has designated a Compliance Officer as its contact person for all issues regarding patient privacy and your rights under State and Federal privacy standards.

CloseKnit,

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### Our Duties:

We will maintain the privacy of your health information and provide you and your representative this Notice of our duties and privacy practices. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If we make a material change to this Notice, we will provide a copy of the revised Notice to you or your appointed representative.

### Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed, how you can get access to this medical information, your rights concerning your individually identifiable health information (IIHI), and where you can receive additional information regarding this Notice. Please read it carefully.

### Health Care Regulation

**CloseKnit** may use your health information, that is, information that constitutes protected health information (PHI), defined as any individually identifiable health information (IIHI) that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium by the Privacy Rule of the Administrative Simplification provisions of the **Health Insurance Portability and Accountability Act (HIPAA)** of 1996, modifications made in January 2013 by the **Health Information Technology for Economic and Clinical Health Act (HITECH)** and the **Genetic Information Nondiscrimination Act (GINA)** of 2008 for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. **CloseKnit** has established a policy to guard against unnecessary disclosure of your health information.

The **HITECH** Act strengthens and expands enforcement of HIPAA by expanding your rights to access your PHI including access by electronic methods; to restrict disclosures of PHI to health plans; requires our business associates to comply with HIPAA and noted amendments; establishes new limitations on the use and disclosure of PHI for marketing and fundraising by **CloseKnit**; and prohibits the sale of your PHI without your authorization.

**GINA** is an act that prohibits discrimination on the basis of genetic information. It prohibits group health plans and health insurers from denying coverage to healthy patients or charging those patients higher premiums based solely on a genetic predisposition to developing a disease in the future. Genetic information is defined as information about you or your family member's genetic tests, family medical history or requests for, and receipt of, genetic services by you or a family member. Our practice will only provide health insurers what is minimally required to approve payment for services.

The states of **Maryland, Washington DC & Virginia** HIPAA Laws require that we protect and secure data containing both Personal Information (PI) or Protected Health Information (PHI) and also require notification of data breaches without unreasonable delays and/or at least within 30 days of discovery. PI may include demographics, first name, PHI or medical information, health insurance information, or any unique identifier. The Attorney General of the required and applicable states will also be notified.

### Breach Notification Requirements to Patients:

- **Maryland** - Within 60 days upon discovery
- **Washington DC** - Without unreasonable delay
- **Virginia** - Without unreasonable delay

# CloseKnit HIPAA Notice of Privacy Practices

## USES AND DISCLOSURES



- Treatment
- Appointment Reminders
- To Obtain Payment
- Treatment Alternatives
- Disclosure Required By Law
- Health Care Operations
- Fundraising
- Health Related Benefits and Services
- Clinician – Patient Communication
- Release of Information to Authorized Adults & Entities

### To Provide Treatment

We may use your health information to provide care to you and disclose your health information to others who provide care to you. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. We may disclose your health care information to individuals outside of **CloseKnit** who are involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

### For Appointment Reminders

We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care with us.

### To Obtain Payment

We may include your health information in invoices to collect payment from third parties for the care you may receive from us. For example, **CloseKnit** may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or **CloseKnit**. We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

### For Treatment Alternatives

We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### When Legally Required

We will disclose your health information when it is required to do so by any Federal, State or local law.

### To Conduct Health Care Operation

We may use and disclose health information for its own operations in order to facilitate the function of Provider and as necessary to provide quality care to all of Provider's patients. Health care operations include activities such as:

Activities designed to improve health or reduce health care costs.

- Quality assessment and improvement activities
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment
- Professional review and performance evaluation
- Training programs including those in which students, trainees or practitioners in healthcare learn under supervision
- Training of non-health care professionals
- Accreditation, certification, licensing or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs
- Business planning and development including cost management and planning related analyses and formulary development
- Business management and general administrative activities **CloseKnit**
- Fundraising for the benefit of **CloseKnit** and certain marketing activities

For example, we may use your health information to evaluate staff performance, combine your health information with other **CloseKnit** patients in evaluating how to more effectively serve all of **CloseKnit**'s patients; and disclose your health information to staff and contracted personnel for training purposes.

## For Fundraising Activities – Right to Opt Out

Without your authorization, we may use information about you including your name, address, telephone number and the dates you received care at **CloseKnit** in order to contact you or your family to raise money for **CloseKnit** or its related entities. If you elect to opt out of fundraising activities, you will need to request the **Request for Limitations and Restrictions of Protected Health Information form**.

## For Provider-Patient Communications

With your consent, we will communicate with you via telephone, text messaging, and email regarding appointments or other healthcare reminders. If you elect to opt out, you will need to fill out the **Request for Limitations and Restrictions of Protected Health Information**.

### OUR USES AND DISCLOSURES IN UNIQUE SITUATIONS

- Public Health Risks
- Health Oversight Activities
- Law Enforcement
- Deceased Patients
- Research
- National Security Inmates
- Military
- Lawsuits
- Serious Threats to Health & Safety
- Organ & Tissue Donation
- Workers Compensation

## When There Are Risks to Public Health

We may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and to conduct public health surveillance, investigations and interventions
- To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease
- To an employer about an individual who is a member of the workforce as legally required

## To Conduct Health Oversight Activities

We may disclose your health information to a health oversight agency for activities including: audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action. We, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

## For Law Enforcement Purposes

As permitted or required by State law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

## To Report Abuse, Neglect or Domestic Violence

We are allowed to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

## In Connection with Judicial and Administrative Proceedings

As permitted or required by State law, we may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process; but only when Provider makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

## To Coroners and Medical Examiners

We may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

### **For Research Purposes**

We may, under very select circumstances, use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process.

### **For Specified Government Functions**

In certain circumstances, the Federal regulations authorize us to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

### **In the Event of a Serious Threat to Health & Safety**

We may, consistent with applicable law and ethical standards of conduct, disclose your health information if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health and safety of the public.

### **To Funeral Directors**

We may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, we may disclose your health information prior to, and in reasonable anticipation of your death.

### **For Organ, Eye or Tissue Donation**

We may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

### **For Workers' Compensation**

We may release your health information for workers' compensation or similar programs.

## **USES AND DISCLOSURES WITH AUTHORIZATION**

- Marketing to Patients
- Communication via Telephone, Text Messaging or Email
- Pre-Authorization for Billing of Non-Covered Expense
- Psychotherapy Notes

### **For Marketing Activities**

With your authorization, we may use information about you including your name, address, telephone number and the dates you received care at **CloseKnit** in order to contact you or your family for marketing activities if we are receiving direct or indirect remuneration from a third party. If you consent to participate in marketing activities, you will need to request the **Right to Modify Prior Authorization form to Release PHI**.

### **Authorization to Maintain Payment Information on File**

With your authorization, we may maintain your payment (debit card and / or credit card) information on file. With your authorization, we may use your payment information to pay for non-covered expenses such as co-payments, deductibles, health forms for school, work or athletic teams, and fees for missed appointments. If you do not authorize us to maintain your payment information and / or you do not authorize us to use for non-covered expenses, you may request the **Request for Limitations and Restrictions of Protected Health Information form**.

### **Authorization to Use or Disclose Health Information**

Other than stated previously, we will not disclose your health information other than with your written authorization. If you or your representative authorizes us to use or disclose your health information, you will need to request the **Right to Modify Prior Authorization form to Release PHI** if you choose to revoke that authorization.

## YOU HAVE THE RIGHT TO

- Request Restrictions
- Receive Confidential Communications
- Inspect & Copy Your Health Information
- Amend Your Health Information
- Accounting
- Paper Copy of this Notice
- File a Complaint
- Electronic Access to PHI
- Restrict Disclosures
- Breach Notification
- Modify Prior Authorizations

### Your Rights With Respect to Your Health Information

You have the following rights regarding your health information that **CloseKnit** maintains:

#### Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on **CloseKnit**' disclosure of your health information to someone who is involved in your care or the payment of your care. However, we are not required to agree to your request. If you wish to make a request for restrictions, please contact our Compliance Officer and request the **Request for Limitations and Restrictions of Protected Health Information form**.

#### Right to Receive Confidential Communications

You have the right to request that we communicate with you in a certain way. For example, you may ask that we only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact our Compliance Officer and request the **Request for Limitations and Restrictions of Protected Health Information form**. We will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

#### Right to Inspect and Copy Your Health Information

You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Compliance Officer and the **Medical Records Release form**. If you request a copy of your health information, **CloseKnit** may charge a reasonable fee for copying and assembling costs associated with your request.

#### Right to Amend Your Health Information

You or your representative has the right to request that **CloseKnit** amend your records, if you believe your health information records are incorrect or incomplete. That request may be made as long as the information is maintained by us. A request for an amendment of records must be made in writing to the Compliance Officer and request the **Request for Correction/Amendment of Protected Health Information form**.

**CloseKnit** may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of **CloseKnit**, the records containing your health information are accurate and complete.

#### Right to an Accounting

You or your representative has the right to request an accounting of disclosures of your health information made by us for certain purposes, which may include disclosures authorized by law and disclosures made for research. The request for an accounting must be made in writing to the Compliance Officer and request the **Request for an Accounting of Certain Disclosures of Protected Health Information form for Non-TPO Purposes**.

The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

#### Right to a Paper Copy of this Notice

You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please ask the Front Office staff. This Notice is also available on <https://closeknit.com>. Our practice is compliant with the Americans with Disabilities Act of 1990 and will make this Notice available to patients with disabilities upon request in alternative formats. This Notice is also available in Spanish.

### **Consent to Treat and Assignment of Benefits**

By signing the acknowledgment of this Notice, you voluntarily consent to the rendering of such medical care, examinations, and diagnostic procedures as CloseKnit staff, in their professional judgment, deem necessary for your health and well-being. You also authorize CloseKnit to submit claims to your insurance carriers and request that payment of authorized benefits be made directly to CloseKnit on your behalf. You also understand that you are financially responsible for all charges, including co-payments, deductibles, and any services not covered by your insurance plan.

### **Right to Modify Prior Authorization to Release PHI to Third Parties**

You or your representative has the right to revoke prior authorization in writing as it relates to the practice releasing PHI to third parties. **You must request the Right to Modify Prior Authorization form to Release PHI**

### **Right to Electronic Access to PHI**

You or your representative has a right to access your PHI electronically using <https://closeknit.com>. Our Patient Portal allows you or your representative to view your health information, current medications and test results; review and print immunization records; review past and upcoming appointments or make and cancel appointments; and notify us of changes to your address or insurance.

You also have the right to request an electronic copy of your medical records using the Medical Records Release Form. We will provide you with an encrypted and password protected electronic copy.

### **Right to Restrict Disclosures to Health Plans for Treatment Paid Out of Pocket in Full**

In compliance with HIPAA, you can elect to restrict disclosure of PHI to health plans for any treatment received by a provider that has been paid in full; that is, no portion of the service provided was paid for by the health insurer. You must request the **Request for Limitations and Restrictions of Protected Health Information form**.

### **Right to Restrict Disclosure of Your Immunization Records to Your School**

If you request, we will send your immunization records to your school. You or your representative has a right to restrict disclosure of these records. You must request the **Request for Limitations and Restrictions of Protected Health Information form**.

### **Right to Restrict Disclosure of Your PHI in the Event of Your Death**

You or your representative has a right to restrict release of your decedent information to your family members or others in the event of your death. You must request the Request for Limitations and Restrictions of Protected Health Information form.

### **Right to be Notified in the Event of a Breach of Your PHI & Health Information Exchange Participation**

You or your representative has a right to be notified of a material breach of PHI or Personal Information (PI) made by us or by a business associate. Once the breach is confirmed, you or your representative will be notified by written notification by first-class mail to the address on file, to the Secretary of Health and Human Services (HHS) and via press release to the Media if required by HHS requirements. We will also notify your respective states Attorney General if PHI was disclosed. Depending on the PHI or PII that was breached, we will work with you to further protect your PHI.

### **Right to file a Complaint**

Right to be Notified in the Event of a Breach of Your PHI or PI

If you believe your privacy rights have been violated, you may file a complaint with the CloseKnit Compliance Office or with the Secretary of the U.S. Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR), at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). or you can call 1-800-368-1019 (TDD: 1-800-537-7697) for assistance. To file a complaint with CloseKnit, you can call the Ethics & Compliance Hotline: 833-671-9548 or you can email us at [Privacy@CloseKnit.com](mailto:Privacy@CloseKnit.com)

### **Health Information Exchange Participation (HIE)**

Closeknit participates in Health Information Exchange (HIE). HIE is a secure electronic network that allows authorized healthcare providers, such as doctors, specialists, hospitals, laboratories, and pharmacies to share your health information to improve the speed, quality, safety, and cost of your care. You have the right to restrict this electronic sharing by completing and submitting the HIE Opt-Out Request Form available at our Front Desk, Online or by calling (410) - 605-2555.