

## **Nebraska Pulmonary Specialties, LLC**

1500 S. 48<sup>th</sup> St., Ste 800  
Lincoln, NE 68506  
402-483-8600

### **NOTICE OF PRIVACY PRACTICES**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**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 INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

#### **A. OUR COMMITMENT TO YOUR PRIVACY**

Our organization is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our organization concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

**The terms of this notice apply to all records containing your IIHI that are created or retained by our organization. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our organization has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our organization will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT: *Privacy Officer, 402-483-8600***

#### **C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your IIHI.

**1. Treatment.** Our organization may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our organization – including, but not limited to, our doctors and nurses – may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.

**2. Payment.** Our organization may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI

to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

**3. Health Care Operations.** Our organization may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our organization. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

**4. Appointment Reminders.** Our organization may use and disclose your IIHI to contact you and remind you of an appointment.

**5. Treatment Options.** Our organization may use and disclose your IIHI to inform you of potential treatment options or alternatives.

**6. Health-Related Benefits and Services.** The organization does not receive any compensation in connection with communications with patients about its products and services, except that the organization may communicate with patients about prescription drugs or biologics and receive payment from the manufacturer that is reasonable in amount and compensate the organization for the cost it has incurred in connection with the communication, mailing lists and/or actions related to such communication. Except for communications about drugs or biologics, the organization will first obtain the patient's authorization if the organization will receive direct or indirect payment for communication with the patient. The organization will communicate with patients about products or services and encourage the purchase or use of the product or service only for treatment purposes, or for case management, care coordination, or to recommend alternative therapies, providers or settings of care.

**7. Release of Information to Family/Friends.** Our organization may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

**8. Disclosures Required By Law.** Our organization will use and disclose your IIHI when we are required to do so by federal, state or local law.

**9. Charitable Fundraising.** The organization will provide patients with a clear and understandable notice of their option to opt-out of receiving charitable solicitations. Patients may opt-out of contacts for fundraising and future fundraising efforts by written or e-mail notice to the Privacy Officer, 1500 South 48<sup>th</sup> Street, Suite 800, Lincoln NE 68506.

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If we need to use or disclose your health information for purposes other than treatment, payment, health care operations, as required by law, or for a reason not described in this Notice, we will need to obtain an authorization from you. Specific examples where we would need your authorization include if your health information includes psychotherapy notes or if we would receive payment for the information because of its sale or because of a third party's marketing purposes. However, Nebraska Pulmonary Specialties, LLC does not sell health information or provide it to third parties in exchange for payment to us where the information may be used for the third party's own marketing. Nebraska Pulmonary Specialties, LLC also does not create or maintain separate psychotherapy notes.

#### **D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

**1. Public Health Risks.** Our organization may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices

- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**2. Health Oversight Activities.** Our organization may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**3. Lawsuits and Similar Proceedings.** Our organization may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**4. Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

**5. Deceased Patients.** Our organization may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**6. Organ and Tissue Donation.** Our organization may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

**7. Research.** Our organization may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

**8. Serious Threats to Health or Safety.** Our organization may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**9. Military.** Our organization may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**10. National Security.** Our organization may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**11. Inmates.** Our organization may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**12. Workers' Compensation.** Our organization may release your IIHI for workers' compensation and similar programs.

**13. Breaches of Information.** In the instance of a Breach of your health information, our organization will send you a letter describing the reason why your PHI was accessed or disclosed, what date this occurred on, what information was accessed or disclosed, and contact information for consumer reporting companies so that you can call them to place a fraud alert on your credit report. This letter will also report the actions that Nebraska Pulmonary has done to mitigate the situation and prevent future breaches of your information.

## **E. YOUR RIGHTS REGARDING YOUR IIHI**

You have the following rights regarding the IIHI that we maintain about you:

**1. Confidential Communications.** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate **reasonable** requests. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. You have the right to request a restriction on how we use or disclose your information. For most requests, we are not required to agree to your requested restrictions. We are required, however, to agree to a restriction you request if the request pertains to a disclosure to a health plan for payment or health care operations, the disclosure is not otherwise required by law and the PHI only concerns a health care item or service for which you or someone (but not the health plan) on your behalf has paid us in full. We are not required to agree to your request if it relates to your treatment; 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. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to Privacy Officer. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our organization's use, disclosure or both; and
- (c) to whom you want the limits to apply.

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You may receive a copy in the form and format you request if the information is readily producible in that form and format. If the PHI is not readily producible as requested, we may provide a readable hard copy form or another form and format as you and we agree. You must submit your request in writing to Privacy Officer in order to inspect and/or obtain a copy of your IIHI. Reasonable cost-based charges may apply. You may designate a person to whom you want your information sent. We will honor your request to send your information to another person or entity if you have clearly and specifically provided us that person's contact information in writing. In some limited cases, we may deny your request to access your information. In some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial review process.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to Privacy Officer. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the organization; (c) not part of the IIHI which

you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of disclosures our organization has made of your IHI. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer. All requests for an “accounting of disclosures” must state a time period, which may not be longer than three (3) years from the date of your request. The first list you request within a 12-month period is free of charge, but our organization may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Privacy Officer or visit our website at [www.nepulmonaryspecialties.com](http://www.nepulmonaryspecialties.com).

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact Privacy Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. You may revoke an authorization you provide to us at anytime in writing by contacting our Privacy Officer using the contact information in this Notice. Revocation of an authorization will be effective except to the extent we have already taken action in reliance upon your authorization. Revocation of an authorization will not apply if the authorization was obtained as a condition of your obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or contest the policy itself. Please note we are required to retain records of your care.

**9. Right to Receive Notification of Certain Breaches.** You have the right to receive a notification from us if your health information is accessed, disclosed or used in violation of federal privacy laws. We will provide you a written notice if (1) your personal health information is not secured according to federal standards, (2) the information is accessed, disclosed, or used in violation of federal laws, and (3) the access, disclosure, or use would compromise the security or privacy of the information. This notification will contain important information about the breach and where you can obtain further information.

**10. Marketing:** If we are paid by a third party to allow it to market its own services or goods to our patients, an authorization from each individual whose PHI is to be disclosed to the third party will be obtained. The authorization for marketing purposes must state that remuneration has been or will be received by us in exchange for the disclosure of PHI.

**11. Right to Accounting Provision:** In some circumstances, if we maintain an electronic health record about you, you may have the right to receive an accounting of disclosures, for the last three years, which were made for treatment, payment or healthcare operations purposes.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer at 402-483-8600.

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*I acknowledge that I have received a copy of this Notice of Privacy Practices.*

\_\_\_\_\_  
(Patient)

\_\_\_\_\_  
(Date)

or \_\_\_\_\_  
(Patient Representative)

\_\_\_\_\_  
(Date)