

**Please Note:** Due to Federal Regulations, this form MUST be signed by you while you are physically present in our office. We will furnish you with an identical copy of this form printed on green paper, per our procedures, for you to sign. This copy of our privacy policies is designed to save you time while in the office by giving you the opportunity to review it at home, at your convenience, and allows you to be seen more quickly when you arrive.

**NOTICE OF PRIVACY POLICIES FOR:**  
**C. Joseph Freund, M.D.**  
**Philip C. Kaczar, M.D.**

This notice describes how information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

**Introduction:**

At the office of C. Joseph Freund, M.D. and Philip C. Kaczar, M.D. We are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 15<sup>th</sup>, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information:

Each time you visit our office; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**Your Health Information Rights:**

Although your health record is the physical property of Joseph Freund, M.D. and Philip C. Kaczar, M.D., the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosure of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our Responsibilities:**

Joseph Freund, M.D. and Philip C. Kaczar, M.D. are required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change or practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change substantially, we will mail a revised notice to the address that you provide. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

**Notice of Privacy Policies:**

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If you have any questions or would like additional information, you may contact the practice's Privacy Officer, Faye Greenman, at 602-252-3967

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or with the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 21201

**Examples of Disclosures for Treatment, Payment, and Health Operation (TPO)**

We will use your health information for treatment.

**For Example:** information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. C. Joseph Freund, M.D., and/or Philip C. Kaczar, M.D. will document in your record his/her expectations or the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the doctors will know how you are responding to your treatment. We will also provide a treating physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from an inpatient setting.

We will use your health information for payment.

**For Example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures, and/or supplies used.

We will use your health information for regular health operations.

**For Example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business Associates:** There are some services provided in our organization through contacts with business associates. **Examples Include:** Philip C. Kaczar, M.D., physician services in the emergency department, and radiology, certain laboratory tests, and a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job that we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associated to safeguard your information.

**Directory:** Unless you notify us that you object, we will not use your name, location in the facility, general condition, and religious affiliation for directory purposes.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible (one who holds legal authority) for your care, your location, and general condition.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ procurement Organization:** Consistent with applicable law. We may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs.

**NOTICE OF PRIVACY POLICIES:**

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Spouses:** It is our office policy to contact the patient's spouse regarding your payment or in the case of an emergency, unless there are specific instructions on file not to do so.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or public.

C. Joseph Freund, M.D.  
Philip C. Kaczar, M.D.

