

**CHARLESTON INTERNAL MEDICINE, INC.**

**3701 MacCorkle Avenue, SE**

**Charleston, WV 25304**

**304-720-2345**

**NOTICE OF PRIVACY PRACTICES**

**(Updated April 1, 2010)**

**Charleston Internal Medicine Group, Inc. (CIM)** respects the sensitivity of the information you provide to us as your chosen healthcare provider. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted to give you rights over your health information, as well as setting rules and limits on who can look at and receive your protected health information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in a computer or communicated orally. CIM is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information.

Below is the Privacy Policy of CIM and how we will use, distribute and protect your personal health information.

**What information is protected under HIPAA**

- Information CIM providers and staff put in your chart
- Conversations CIM providers and staff have about your treatment with both internal and external staff. Your information will only be communicated to other entities on a need to know basis and only when it is necessary to provide you with good health care
- Information about you in your health insurer's computer system
- Billing information about you in CIM's billing system

**What are the patient's rights to their health information under HIPAA**

- You can ask to see and obtain a copy of your records. A request must be made in written form and include your name, address, phone number, unique identifier (such as a social security number), what specific information you are requesting and the time period of the information you wish to obtain. CIM will make every effort to provide you with your requested information in a timely manner. If CIM will take longer than 30 days to provide you with your requested records, we will inform you in writing. CIM reserves the right to charge for any records copied and provided to you
- You have the right to request corrections be made to your health care record if you identify an error or mistake
- Receive information that tells you how your health information will be used or shared by CIM with others
- You must give written authorization for CIM to distribute your protected information for purposes of marketing
- Request and obtain a report of why your health information was shared with other individuals
- If you believe your rights are being denied or CIM has not protected your health information, you can

- File a written complaint with CIM at  
Dr. R. Thomas Bowden  
Privacy Officer  
3701 MacCorkle Avenue, SE  
Charleston, WV 25304

and/or

- File a written complaint with the US Government at  
Secretary of the US Department of Health and Human Services  
Office of Civil Rights, Region III  
150 S. Independence Mall West, Suite 372  
Public Ledger Building  
Philadelphia, PA 19106-9111  
Or at [OCRCompliant@hhs.gov](mailto:OCRCompliant@hhs.gov)

and/or

- Call the US Government at 1-866-627-7748

CIM may share or distribute you personal health information without your consent, authorization or request under the following circumstances:

- When required by law
- When permitted for public health activities and purposes. Such uses and disclosures may include but are not limited to, disclosures to public health or governmental entities authorized by law to collect or receive information for purposes of preventing or controlling disease, disclosures to public health authorities or governmental agencies authorized by law to receive reports of child abuse or neglect, disclosures to persons subject to the Food and Drug Administration to report adverse events, products defects, and to facilitate product recalls.

- When authorized by law to report information about abuse, neglect, or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect, or domestic violence.
- When required by public health agencies for oversight activities authorized by law.
- When required for disaster relief.
- When required for judicial or administrative proceedings, including disclosures in response to a subpoena, court order or pursuant to a discovery request.
- When required or permitted by law for law enforcement purposes.
- When required by a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law.
- When required for research purposes including, but not limited to clinical trials done with pharmaceutical companies.
- When consistent with applicable law and standards of ethical conduct if CIM, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public.
- When authorized by specialized governmental functions.
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by either Federal and/or State agencies.

We may also contact you to provide appointment reminders, notice of missed appointments, notice of testing results, for the collection of an outstanding financial account, requests dealing with fundraising activities, information about treatment alternatives or other health related benefits and services that may be of interest to you. This information may be distributed by mail or telephone.

CIM will share your personal protected health information in the following ways as authorized by your signature of our Privacy Notice.

- For treatment of your general health and specific diagnosed medical condition
- In providing coordination of care
- To obtain payment from third party payers or entities for services provided to you
- With your family, relatives, friends or others you identify, in writing, who are involved with your healthcare or your health care bills, unless you provide written objection.
- To other health care providers and entities that are participating in your health care related to a specific condition or treatment for you

CIM will make every reasonable effort to protect your health information by doing the following

- Teach each staff member of CIM how your information may and may not be used and/or distributed
- Take appropriate and reasonable steps to keep your health information secure

### Rights and Request Restrictions of your personal and protected health information

You may request that CIM restrict certain uses and disclosures of your personal protected health information to carry out treatment, payment, or health care operations. However, CIM is not required to agree to your request. You or your personal representative will be required to submit in written form to request restrictions on uses and disclosures of your information. The request should include your name, address, unique identifier, such as your social security number, and listing of what information you wish to have restricted and under what circumstances the information should be restricted. The request should be submitted to the following:

Dr. R. Thomas Bowden  
 Privacy Officer  
 3701 MacCorkle Avenue, SE  
 Charleston, WV 25304

CIM will accommodate reasonable requests to receive communication of personal protected health information by alternative means or at alternative locations.

CIM will limit the information we collect from you to the minimum we believe is necessary to provide you the best possible medical care. CIM will make every reasonable effort to protect your health records in an accurate manner and in a safe and secure environment.

# NOTICE OF PRIVACY PRACTICES

## Receipt Verification

Account # \_\_\_\_\_

I, \_\_\_\_\_ acknowledge receipt of Charleston Internal Medicine, Inc's Notice of  
of  
(Patient Name)

Privacy Practices prior to treatment. I understand that it is not the obligation of Charleston Internal Medicine, Inc

to ensure that I have read and/or understand the document or its contents.

\_\_\_\_\_  
Patient's Name- Printed

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

### For CIM use only

Patient is unable to sign this acknowledgment due to the following:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness