

# GI Associates

OF NEW HAMPSHIRE

A Collaborative Practice Between  
CONCORD GASTROENTEROLOGY, P.A.  
DARTMOUTH-HITCHCOCK

## Privacy Notice

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

**Concord EndoscopyCenter and GIAssociates of NH - Joint Notice of Privacy Practices**  
This notice is issued by Concord Endoscopy Center, LLC, a combined venture between GI Associates of New Hampshire (an entity which includes Dartmouth-Hitchcock Concord and Concord Gastroenterology), Mary Hitchcock Memorial Hospital and Concord Hospital. If you have any questions about this notice, please contact our privacy officer at (603) 415-9450.

Protected Health Information (PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI.

As a provider of health care, we are required by Federal law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. We will also promptly post the revised Notice of Privacy in the office reception area.

### ***Permitted uses and disclosures***

#### **General Rules**

Federal law allows a health care provider to use or disclose PHI as follows:

**You.** We will disclose your PHI to you, as the covered individual, at your request.

**Authorization.** We will disclose your PHI pursuant to the terms of an authorization signed by you.

**Personal representative.** We will disclose your PHI to a personal representative designated by you to receive PHI, or a personal representative designated by law such as the parent or legal guardian of a child, or the surviving family members or representative of the estate of a deceased individual.

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**Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. Treatment refers to the provision and coordination or management of healthcare and related services by one or more health care providers, including consultation or referral. For example, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist laboratory or pharmacy) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. (State statutes require us to ask for your written consent with respect to disclosure of certain kinds of clinical information, such as medical records relating to HIV/AIDS, mental health, or drug or alcohol treatment). In the interest of providing you with comprehensive health services, the Concord Endoscopy Center and GI Associates of New Hampshire will share your PHI as necessary to provide for your health care.

**Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. Payment refers to the collection of premiums, reimbursements, coverage, determinations, billing, claims management, medical necessity determinations, utilization review, and pre-authorization services. For example, we may provide portions of your PHI to our billing company and your health plan to get paid for the health care services we provided to you. We may also disclose your PHI to another health care provider for its payment activities if it received your PHI for treatment purposes.

**Health care operations.** We may disclose your PHI in order to operate this Practice. Health care operations refer to specified administrative support activities by or for a health care provider, including quality assessment and improvement, peer review, training and credentialing of providers, and legal and auditing functions. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.

**Appointments and follow-up.** We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment, or to call you before and/or after your visit to see how you are feeling and to answer any questions you may have. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Business associates.** We will share your PHI with third party “business associates” that perform various activities (for example, billing or transcription services) for the practice and for the Concord Endoscopy Center. Whenever an arrangement between the GI Associate of New Hampshire office or the Concord Endoscopy Center and a business associate involves the use or disclosure of your PHI, we have a written contract that contains terms that will protect the privacy of your PHI.

**Other uses and disclosures.** We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you.

***Uses and Disclosures Allowed Without Authorization or Opportunity to Agree or Object***

Federal law also allows a health care provider to use and disclose PHI, without your consent or authorization, or opportunity to agree or object, in the following ways:

**When a disclosure is required by federal or state law.** For example, the law requires that we report information the Department of Health and Human Services about victims of abuse, neglect, or domestic violence. We may also disclose PHI when ordered in a judicial or administrative proceeding.

**For public health activities.** For example, we are required to report information about deaths, and communicable diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

**For health oversight activities.** For example, we may provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

**For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

**For research purposes.** In certain limited circumstances, we may provide PHI in order to allow researchers to conduct medical research. In most such circumstances, we would be required to get your written authorization before doing so.

**To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm. We may also use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

**For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United State or conducting intelligence operations.

**For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

***Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object***

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare.** If you agree or do not object, we may disclose to a member of your family, a relative, a close personal friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or payment for your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

***All other uses and disclosures require your prior written authorization***

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

***Your rights in relation to protected health information***

You have the following rights with respect to your PHI:

**The right to request limits on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to use.

**The right to choose how we send PHI to you.** You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format that you requested.

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**The right to see and get copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, we will charge you \$.25 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

The right to get a list of the disclosures we have made (except disclosures made for treatment, payment or health care operations, disclosures authorized by you, and other disclosures accepted by federal regulation). You have the right to get a list of instances in which we have disclosed your PHI for a period of up to six years prior to the date of the request, but not before April 14, 2003 when the federal privacy rule took effect. We will respond within 60 days of receiving your request. The list will include the date of disclosure to whom PHI was disclosed (including the address if known), a description of the information disclosed, and the reason for disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee to cover our cost.

**The right to correct or update your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete in the judgement of your treating healthcare provider, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

**The right to get this notice by e-mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

## **Effective Date**

*This notice first published and effective on April 14, 2003, has been revised and is effective in its current form as of November 1, 2004.*