

David Handley, M.D., LLC

Notice of Privacy Practices

Effective: July 1, 2015

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.

Our Responsibilities

David Handley, M.D., LLC understands that medical information about you and your health is personal. We are committed to protecting medical information about you. Protected health information is the information we create and obtain in the process of providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

We are required by law to maintain the privacy of your health information and provide you with this notice of our privacy practices. We are also required to abide by the terms of this current notice and to make a good faith effort to obtain your written acknowledgement that you have received this notice.

We reserve the right to change this notice and to make any new notice of privacy practices effective for all protected health information we maintain. Any new Notice of Privacy Practices will be posted at our website (www.davidhandleymd.com) and made available to you in writing at your next appointment.

Uses and Disclosures of Medical Information about You

This office is permitted by federal privacy laws to use or disclose your health information for purposes of treatment, payment, and health care operations.

The following are examples of how we may use or disclose your health information without your prior written agreement. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall into one these categories.

For Treatment

We may use medical information about you to provide, coordinate or manage your health care related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals, pharmacies and other health facilities that become involved in your care. We may consult with other health care providers concerning you and, as part of the consultation, share your medical information with them. Similarly we may refer you to another health care provider and, as part of the referral, share medical information about you with that provider.

For Payment

We may use and disclose medical information about you so we can be paid for services we provide. This can include billing you or someone else who pays for your care. The information on or accompanying your bill may include information that identifies you and lists your diagnosis.

For Health Care Operations

We may use and disclose your medical information for operations necessary for our clinic to function and to make sure that patients receive quality care. We may obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Appointment Reminders

We may use and disclose your medical information to contact you that it is time to set up an appointment or remind you of an appointment you have scheduled.

Treatment Alternatives

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

Health-Related Benefits and Services

We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you. For example, we may tell you about a new educational or health management activity.

As Required by Law

We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health and Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Public Health Reporting

We may disclose medical information about you for public health activities that may include the following: (a) reporting child abuse or neglect (b) reporting elder abuse or neglect (c) notification to the appropriate government authority if we believe that you have been the victim of abuse, neglect, or domestic violence (d) reporting reactions or adverse events related to medication use (e) reporting injuries caused by weapons or involved in a crime (f) reporting communicable diseases

Coroners, Medical Examiners and Funeral Directors

We may disclose your medical information to a coroner, medical examiner, or funeral director, consistent with applicable law to carry out their duties.

National Security and Intelligence

We may disclose medical information about you to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or so that they may conduct special investigations.

Health Oversight Activities

We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities may include, for example, audits, investigations, inspections, and licensure and are necessary for the government to monitor the health care system and compliance with civil rights law.

Disaster Relief

We may use and disclose your medical information to assist in disaster relief efforts.

Your Health Information Rights

Unless otherwise required by law, your health record is the physical property of the health care practitioner or facility that compiled it. The information contained in the record belongs to you.

Right to Inspect and Obtain a Copy of Your Medical Information

You have the right to access and receive copies of your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect or copy medical information about you, you must submit a written request to this office. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

Your request will be acted on within thirty calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. We may deny your request to inspect and copy medical information if the medical information involved includes: psychotherapy and/or psychosocial notes; information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding; restricted by the Clinical Laboratory Improvements Amendments of 1988; or information that is not part of the record set we use to make decisions about your care and treatment.

If we deny your request, we will inform you of the basis of the denial, how you may have our denial reviewed and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

Right to Request Amendments

You have the right to ask us to amend medical information about you if you feel the information we have about you is incomplete or incorrect. You have this right for as long as we maintain the medical information. To request an amendment you must submit a written request to this office. Your request must state the amendment desired and provide a reason in support of that amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us; is not part of the medical information maintained by us; is not part of the medical information which you would be permitted to review or copy; or is accurate and complete.

Right to an Accounting of Disclosures

You have the right to a list of those instances in which we may have disclosed medical information about you, other than for treatment, payment and health care operations, or when you specifically authorized a disclosure. Your request must be in writing and must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003.

Right to Receive Confidential Communications

You have the right to request, in writing, that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home or calling you at work. Your request must specify how or where you wish to be contacted. We will honor reasonable requests.

Right to Request Restrictions

You have the right to request, in writing, that we not use or disclose medical information about you for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request. Your request must include: what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.

Right to a Copy of this Notice

You have the right to obtain a paper copy of our Notices of Privacy Practices. You may request a copy of this notice at any time. If you ask, we will send you a copy of this notice electronically. You may obtain a copy of the notice at our website, www.davidhandleyemd.com

For More Information or to Report a Problem

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Dr. David Handley at 720-432-1608. Additionally, if you believe your privacy rights have been violated, you may mail a written complaint to our office at 2253 Downing St Denver CO 80205. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint. We will not take any action against you or change our treatment of you in any way.