

**JACK E. METCALF, M.D.**

**NOTICE OF PRIVACY PRACTICES**

**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.**

If you have any questions about this Notice please contact the Privacy Officer at 405-751-7682.

This Notice of Privacy Practices describes how Dr. Metcalf may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Employees of Dr. Metcalf are required to abide by the terms of this Notice to Privacy Practices. The terms of this notice may change at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice to Privacy Practices as necessary by calling the office and requesting that a copy be mailed to you or receiving one at the time of your next office visit.

Uses and Disclosures of PHI for Treatment, Payment, and Healthcare Operations:

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

Following are examples of the types of uses and disclosures of your PHI that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

**TREATMENT:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, the coordination of management of your health care with a third party that has already obtained your permission to have access to your PHI. We will disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI.

**PAYMENT:** Your PHI will be used, as needed to obtain payment for your health care services. For example, certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**HEALTHCARE OPERATIONS:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. For example, activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities and conducting or arranging or other business activities.

For example, we may disclose your PHI to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is

ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We will share your PHI with third party “business associates” that perform various activities, (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a Business

Associate involves the use of disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

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. We may also use and disclose your PHI for other marketing activities as needed for sending a practice newsletter or information about products or services that we believe may be beneficial to you.

We may use or disclose your demographic information and treatment dates as necessary in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials please contact our Privacy Officer.

### **Uses and Disclosures of PHI Based Upon Your Authorization**

Other uses or disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.

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

**Notification:** Unless you object we may disclose to a member of your family, a relative, a close friend or any other person your identity, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose information related to your location, general condition or death, if we determine that it is in your best interest based on our professional judgment. If we are unable to reach you or your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

**Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonable practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you. We may use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities.

**Communication Barriers:** We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

**Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosures.

**Appointment Reminders:** We may send you an appointment reminder or leave a message of such appointment on your telephone answering machine, unless otherwise instructed by you.

**Public Health:** We may disclose your PHI for the public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the authority.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading the condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These agencies oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may disclose PHI if we believe you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. This will be made within the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biological product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance as required.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other legal processes.

**Law Enforcement:** We may also disclose PHI, as long as applicable legal requirements are met, for law enforcement purposes: (1) legal processes required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) when it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner and funeral director for identification purposes, determining cause of death or for them to perform other duties authorized by law. PHI may be used for cadaveric organ, eye or tissue donation purposes.

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

**Workers' Compensation:** Your PHI may be disclosed by use as authorized to comply with the workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your PHI to the institution or agents. We may disclose the health information necessary for your health and the health and safety of other individuals.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## **YOUR RIGHTS**

You have the right to inspect and copy your protected health information that is contained in a designated record set for as long as we maintain the PHI. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in a reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have any question about access to your medical record.

***You have the right to request a restriction of your PHI. You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment and healthcare operations. You may request your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state specific restrictions requested. Your physician is not required to agree with the requested restriction. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment or is not in the best interest of the patient. With this in mind, please discuss any restriction you wish to request with your physician. He will document the restrictions.***

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will ask how payment will be handled or specification of an alternative address or other method of contact. Please request in writing.

You may have the right to request an amendment of your protected health information. Our office requires this to be in writing. This information must be a part of your designated record. We may deny your request however, you may file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you a copy of such. All protected health information request forms will be kept in the back of the patient record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures other than treatment, payment and operations as described in this Notice of Privacy Practices. This is regarding disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions or limitations.

You have the right to obtain a paper copy of this notice from us, even after electronic notification.

## **COMPLAINTS**

You may complain to this office or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint by notifying the privacy contact at:

*Jack E. Metcalf, M.D.  
4140 W. Memorial Rd., Suite. 116  
Oklahoma City, Oklahoma 73120*

This must be in writing. We will not retaliate against you filing a complaint.

This notice was published and becomes effective on April 14, 2003. We reserve the right to change this form. This entity reserves the right to change its practices.