

TRENT C. HOLMBERG, MD, PC

Health Insurance Portability and Accountability Act

Notice of Privacy Practices

Effective August 2009; updated December 13, 2016

Your health information is highly personal and we are committed to safeguarding your privacy. We are required by law to maintain the privacy of patient protected health information (PHI) and to provide patients with notice of our legal duties and privacy practices regarding protected health information. Please read this Notice of Privacy Practices thoroughly as it describes how we may use and disclose your protected health information as well as your legal right to access and control its use and disclosure.

How We Will Use Your Health Information:

We are permitted to use or disclose your health information without permission for three basic types of activities:

- **Treatment** - We may use your health information or disclose it in order to provide proper medical and psychiatric care to you. This means we can provide your health information to pharmacies, nurses, doctors, resident doctors, medical students, nurses, laboratories, or other mental health providers involved in your care. In some circumstances we may require you to complete an Authorization to Release Information form for disclosure of your protected health information to an outside health care provider.
- **Payment** - We may use your health information or disclose it in order to submit bills or insurance claims, by mail, fax or electronically, for the care and services you receive. For example, your information may be sent to your insurance company that processes the information and submits it for payment or direct patient reimbursement. We may also provide information to your health plan about treatment you may receive so they may approve or disapprove whether you are covered for that care.
- **Practice Operations** - We may use your health information or disclose it in order to practice and ensure high quality care. For example, we may use your information to review how we provide care to you; to obtain consultation to help us improve how we operate the practice; or to meet compliance or licensing requirements.
- **Other uses and disclosures of such information that the law allows**

Specific situations or circumstances where we may use your personal health information or disclose it without your permission may include, but are not limited to:

- **Appointment Coordination** - We may use or disclose your health information to send you reminders about appointments, reschedule appointments, or information about the practice that may affect your appointments. This may be done by phone, email or text messaging. Please notify us immediately if you do not wish to be reminded or if you want to specify how we contact you.
- **As Required By Law** - We will disclose your information when required by law. Examples of this might include, but are not limited to: a medical examiner to investigate a suspicious death; state authorities to report child or elderly abuse; in response to a court order; government agencies to report a breach of health information privacy; a worker's compensation program.
- **To Avoid a Serious Threat to Health and Safety** - We may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Business Associates** - These are entities that we do business with that may have access to, or store your personal health information. Examples of this might include, but are not limited to: Electronic prescribing programs; Internet-based scheduling or billing programs; Insurance companies; Clearinghouses. The law requires these business associates to protect your health information and obey the same privacy laws that we do.
- **Emergencies** - Please let us know who to contact in case of an emergency. If you do not list an emergency contact, we may ask public authorities to help find a family member to help you in the event of an emergency.

Uses of Health Information with Your Authorization: In order for us to use or disclose your information, other than as described above, we will generally need to obtain your written Authorization, which you may revoke at any time. Remember that any authorized disclosures made before the authorization was revoked cannot be undone. Reasons why you may need to sign an Authorization to Release Information may include, but are not limited to :

- authorize someone, including parents, spouse or significant other to make appointments or payments on your behalf. This does not apply if you are under 18.
- authorize someone to discuss your health information with Dr. Holmberg or his office staff.
- obtain a copy of your own records (must be notarized and include a copy of your driver's license)
- send copies of your health information to a new provider or other third party not involved in your care
- send copies of your health information to a life insurance company

Please be aware that federal and state laws require extra protection of certain types of health records, which may include addiction treatment, genetic information, or psychotherapy notes and our office complies with those rules. You may request that these records not be included when authorizing a release of your information.

Your Rights Regarding Your Health Information:

- **Right to Have Access to Your Information** - You have the right to inspect or have a copy of your health record. Exceptions include any type of psychotherapy note; information that may be used in a civil, criminal or administrative action or proceeding, or where prohibited by law. Requests must be in writing, notarized and directed to Trent C. Holmberg, MD, PC. We may charge a reasonable, cost-based fee. A response will be given within 30 days.
- **Right to Amend Your Information** - If you believe the information we have in your file is incorrect or if important information is missing, you have the right to request in writing that we correct the existing information or add the missing information. If the provider does not agree with the request, you have the right to submit a statement of disagreement that will be added to your record and included in any future disclosures or requests for records.
- **Right to Request Confidential Information be Provided in a Certain Way** - You may request that we send your information to you in a specific way, such as email or fax or that we communicate with you by only using a work or cell phone number. Please notify us immediately if you have any specific requests regarding communication. Otherwise we will use our best judgment on how we communicate with you regarding your health information. We are not required to follow your request, but will make every effort to do so, or find a mutually satisfactory alternative.
- **Right to an Accounting of Disclosures of Your Information** - You have the right to receive a list of instances where we have disclosed your health information to others for reasons other than treatment, payment or health care operations, or as Authorized by you. The request must be in writing and directed to Trent C. Holmberg, MD, PC.
- **Right to Limit Our Use or Disclosure of Your Information** - You may request in writing that we not use or disclose your information for treatment, payment, health care operations or any other purpose except when specifically authorized by you, when required by law or in emergency circumstances. We will consider your request and respond within 30 days, but are not legally required to accept your request.
- **Right to Restrict Release of Information to Your Health Plan When You Pay for Services Out of Pocket and in Full** - You may request in writing that we not disclose your PHI to your health plan when you are paying out of pocket and in full. Please note that health insurance companies may request your records from your pharmacy and you will need to contact them separately regarding information about medications paid for out of pocket.
- **Right to Receive Notice if We or Any Business Associates Have Breached the Confidentiality of Your Health Information** - We will notify you of any known breach of unsecured protected health information.
- **Right to Request a Paper Copy of Our Current Notice of Privacy Practices** - may print from website as well.
- **Right to Report a Privacy Concern**

Practice Right to Deny Access to Your Protected Health Information:

This office may deny you access to your protected health information if a licensed health care provider determines that:

- Releasing it could endanger you or someone else;
- Your protected health information refers to a third party and releasing it could harm that person; or
- Providing access to a personal representative could harm you or another person.

If you are denied access under these circumstances, you may appeal that decision in writing. Please be aware that you do not have the right to access a provider's psychotherapy notes unless authorized by that provider.

How to Make a Complaint About How Your Information is Used:

If you believe we have not properly protected your privacy, have violated your privacy rights or you disagree with a decision we made about access to your protected health information, you may contact our Privacy Officer at:

The Office of Trent C. Holmberg, MD, PC
12481 S. Fort Street, Suite 275
Draper, Utah 84020
Attention: Privacy Officer

Or call: 801-432-2077

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Department of Health and Human Services.