



## NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**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.**

### **A. OUR COMMITMENT TO YOUR PRIVACY**

Our office is dedicated to maintaining the privacy of your **protected health information (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. In conducting our business, we will create records regarding you and the treatment and services we provide to you. Our privacy policies and procedures have long been in practice to maintain our patients' confidentiality. These policies and procedures have evolved as the needs of technology and medical practices change. These policies and procedures, as outlined in this Notice, will continue to be monitored and may change when appropriate.

The United States Congress has passed the Health Insurance Portability and Accountability Act. We are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our office concerning your PHI. We are required by law to maintain the confidentiality of health information that identifies you. By law, we must follow the terms of the Notice that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- Ø How we may use and disclose your PHI
- Ø Your privacy rights in regard to your PHI
- Ø Our obligations concerning the use and disclosure of your PHI

**We may change the terms of our Notice, at any time. The new Notice will be effective for all PHI that we maintain at that time. You may request a copy of our most current Notice at any time. We will post a copy of our current Notice in our offices in a visible location at all times and on our website at [www.midwestgi.com](http://www.midwestgi.com).**

### **B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**PRIVACY OFFICER**

**(Address and phone listed on page six of this document)**



### **C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS**

The following are examples of the types of uses and disclosures of your PHI that our office may make under this Notice. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**1. Treatment.** Our office will use and disclose your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our office – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others such as hospitals, specialists, home health agencies or your primary care physician in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

**a. Appointment Reminders/Text Messages/Returning Your Phone Call/Treatment Options/Health Related Benefits.** We may contact you about your treatment (including, without limitation, appointment reminders, result notifications, treatment options, and our products and services) at the phone number or email address that you provide to us, including via text messaging. Our office will try to disclose only the minimum necessary PHI for our patients while completing these tasks.

**b. Release of Information to Family/Friends.** Our office may release your PHI to your spouse, friends and/or family members that are involved in your care unless you request in writing, as described below, that such disclosures not be made.

**2. Payment.** Your PHI will be used, as needed, to obtain payment for your health care services. This may include 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. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to your health plan to obtain approval for the hospital admission. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

**3. Health Care Operations.** Our office may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our office may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our office.

**a. Disclosures Required By Law.** Our office will use and disclose your PHI when we are required to do so by federal, state, or local law.



**b. Mailings.** Our office may use your name, address, phone number and email for mailings regarding services offered by our office. If you do not want to receive these materials, please contact our **Privacy Officer (see page six of this document for contact information)** and request that these mailings not be sent to you.

**c. Business Associates.** We will share your PHI with third party “business associates” that perform various activities (*e.g., billing, transcription services*) for the office. Whenever an arrangement between our office and a business association involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

#### **D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information without your consent, authorization or opportunity to object:

**1. Public Health Risks/Serious Threats to Health or Safety.** Our office may disclose your PHI to public health authorities that are authorized by law to collect such information. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. Examples: Centers for Disease Control, Food and Drug Administration, Social Service Organizations.

**2. Health Oversight Activities.** Our office may disclose your PHI to health oversight agencies for quality accreditation or other activities authorized by law. Examples: Tumor Registries, licensure, investigations, inspections, audits, surveys, or disciplinary actions (such as civil, administrative, and criminal procedures or actions), or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**3. Legal Proceedings.** Our office may disclose your 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 lawful process.

**4. Law Enforcement.** Our office may also disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include, but are not limited to, (1) legal processes and other proceedings required by law, (2) limited information requests for identification and location purposes, (3) requests 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 our premises, and (6) medical emergency (not on our premises) and it is likely that a crime has occurred.

**5. Abuse or Neglect.** Our office may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency



authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**6. Deceased Patients.** Our office may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties.

**7. Research.** Our office may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our office; or (c) the PHI sought by the researcher only related to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

**8. Military.** Our office may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**9. National Security.** Our office may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**10. Inmates.** Our office may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**11. Workers' Compensation.** Our office may release your PHI for workers' compensation and similar programs.

## **E. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the PHI that we maintain about you:

**1. Confidential Communications.** You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Privacy Officer (see page six of this document for contact information)** specifying the requested method of contact, or the location where you wish to be contacted. Our office will accommodate **reasonable** requests, however our office is not required to



agree to every or any restriction that you may request. You do not need to give a reason for your request. You may also opt-out of receiving text messages or unsubscribe from receiving emails as otherwise directed in the message.

**2. Requesting Restrictions.** You have the right to request a restriction in our use and/or disclosure of your PHI for treatment, payment and/or health care operations. You have the right to request restrictions of certain disclosure of PHI to your health plan when you have paid out of pocket, in full, for your treatment. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request such a restriction in our use or disclosure of your PHI, you must make your request in writing to **Privacy Officer (see page six of this document for contact information)**. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our office's use, disclosure or both; and (c) to whom you want the limits to apply.

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Privacy Officer (see page six of this document for contact information)** in order to inspect and/or obtain a copy of your PHI. Our office may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our office may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to **Privacy Officer (see page six of this document for contact information)**. You must provide us with a reason that supports your request for amendment. Our office will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information this is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for our office; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our office, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of Disclosures.** All of our patients have the right to request an "account of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our office has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our office is not required to be documented. Examples: the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Privacy Officer (see page six of**



**this document for contact information).** All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our office may charge you for additional lists within the same 12-month period. Our office will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact **Privacy Officer** at phone number or address listed below.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact **Privacy Officer** at phone number or address listed below. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our office will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. In addition, an authorization may be requested for uses and disclosures that are identified in this Notice. Such authorizations may be requested, without limitation, at the time you schedule an appointment, when you check in for an appointment, or when you access any patient portal offered by us. Any authorization you provide to us regarding the use and disclosures of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

**9. Right to Breach Notification.** You have the right to be notified following a breach of unsecured protected health information.

Again, if you have any questions regarding this Notice or our health information privacy policies, please contact:

**Midwest Gastrointestinal Associates, P.C.**

**Attn: Privacy Officer**

8901 Indian Hills Drive, Ste 200  
Omaha, Nebraska 68114  
p 402.397.7057  
f 402.397.6656

17001 Lakeside Hills Plaza, Ste 100  
Omaha, Nebraska 68130  
p 402.885.8700  
f 402.885.8719

808 East Pierce Street, Ste 301  
Council Bluffs, Iowa 51503  
p 712.396.2997  
f 712.796.1194

Updated: 11/4/2024



**Acknowledgment of Receipt of  
Notice of Privacy Practices**

I acknowledge that I have received and understand MGI's Notice of Privacy Practices containing a description of the uses and disclosures of my health information. I further understand that MGI may update its Notice of Privacy Practices at any time and that I may receive an updated copy of MGI notice of Privacy Practices by submitting a request in writing or by accessing the Notice of Privacy policies on the MGI website.

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Patient Signature

Date

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Patient Name

If completed by patient's personal representative, please print name and sign below.

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Printed Patient Personal Representative Name

Relationship to Patient

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Patient Personal Representative Signature

Date