

~ GI of Norman, LLC ~

**NOTICE OF PRIVACY PRACTICES; EFFECTIVE DATE: APRIL 14, 2003;
LAST REVISED August 30, 2010**

This NOTICE describes how medical information about you may be used and disclosed and how you can get access to that information. It applies to all of your health information used to make decisions about your care that GI of Norman LLC generates or maintains. If you have any questions about this Notice, please call our office at 405-360-2777.

GI of Norman is committed to protect the privacy of your health information, and required by law to give you a Notice of our duties and privacy practices with respect to it, and follow the terms of the current Notice. It will be followed by all employees, students, and volunteers associated with, and the constituent parts of, the health care components of GI of Norman LLC. We are affiliated with Philip C. Bird, M.D., Steve K. Arora, M.D., Chintin A. Parikh, M.D., Andrew W. Black, M.D., and Cindy Kirkland, A.R.N.P. All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share information with each other for treatment, payment, or health care operations purposes described in this notice.

How we may use and disclose your health information:

The following categories describe some of the ways that we may use and disclose your health information. 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 within one of these categories.

Treatment: We may use your health information to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, students or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other healthcare provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. *Example:* Your health information may be given to an endoscopy unit separate from GI of Norman, LLC where you will have a procedure done. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Payment: We may use your health information for payment activities, including but not limited to, determining plan coverage, billing, collection, and assisting another health care provider with payment activities.

Example: Your health information may be released to an insurance company to obtain pre-approval of services or payment for services.

Operations: We may use your health information for operations including, but not limited to, conducting quality assessment activities, training, or arranging for legal services as necessary to run our practice and make sure all of our patients receive quality care. *Example:* We may use your health information to review our treatment and services to evaluate the performance of our staff in caring for you.

Business Associates: We may disclose your health information to other entities that provide a service to or on our behalf that requires the release of your health information, but only if we have received a business associate agreement outlining the necessity to maintain confidentiality and providing assurance that the other entity will properly safeguard your health information. *Example:* Our Information Technology contractor may view your records while working with our software and hardware systems.

Treatment Alternatives/Health-Related Benefits & Services: We may use and disclose your health information to tell you about health-related benefits, treatment alternatives, and other services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.

Appointment Reminders: We may disclose health information to remind you of appointments for medical services.

Research: We may use and disclose your health information to researchers for research. However, your health information may be disclosed for research without your authorization if the authorization requirement has been waived or revised by a committee charged with verifying the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your health information, to researchers to prepare for research under certain conditions, and to researchers who have signed a data use agreement promising to protect the information. Health information regarding deceased individuals can be released without authorization under certain circumstances.

Uses and Disclosures of Health Information Required/Permitted By Law :

The following categories describe some of the ways that we may be allowed or required to use and disclose your health information.

Required by Law/Law Enforcement: We may use and disclose your health information if required by federal, state, or local law, such as for workers' compensation, and if requested by law enforcement officials for purposes such as responding to a court order or warrant or obtaining information about a victim of a crime if, under certain circumstances, we cannot obtain the victim's agreement.

Public Health and Safety: We may use and disclose your health information to prevent a serious threat to the health and safety of you, others, or the public and for public health activities, such as those intended to prevent or control. Example: Oklahoma law requires us to report, among other things, tumors, birth defects, cases of communicable disease, and infants born exposed to alcohol.

Food & Drug Administration (FDA) and Health Oversight Agencies: We may disclose health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance to the FDA and manufacturers to enable product recalls, repairs, or replacements, and to health oversight agencies for activities authorized by law, such as audits.

Lawsuits/Disputes: If you are involved in a lawsuit/dispute and have not waived the physician-patient privilege, we may disclose your health information under a court/administrative order, subpoena, or discovery request after attempting to inform you of the request.

Coroners, Medical Examiners, and Funeral Directors: We may release your health information to coroners, medical examiners, or funeral directors to enable them to carry out their duties.

National Security/Intelligence Activities and Protective Services: We may release your health information to authorized national security agencies for the protection of authorized persons or to conduct special investigations.

Military/Veterans: We may disclose your health information to military authorities if you are an armed forces or reserves member.

Inmates: If you are an inmate of a correctional facility or in the custody of law enforcement, we may release your health information to a correctional facility or law enforcement official so they may provide your health care or protect the health and safety of you or others.

Your Rights Regarding Your Health Information: You have the rights described below in regard to the health information that we maintain about you. You must submit a written request to exercise any of these rights. Forms for this purpose are available at any of the locations where we render medical services.

Right to Inspect/Copy: You have the right to inspect and get a copy of health information used in decisions about your care. We may charge a fee for reproduction (those amounts permitted by current law), and postage if you request the information be mailed. We may deny your request in certain circumstances. You may request a licensed health care professional chosen by GI of Norman LLC to review a denial; we will comply with this decision.

Right to Amend: If you feel health information we created is inaccurate or incomplete, you may request that we amend your information. We cannot delete or destroy any information already included in your medial record. You must provide a reason in support of your amendment request. We may deny your request if you ask to amend information that we did not create, unless the person or entity that created the information is not available to make the amendment; that is not part of the health information we maintain; that is not part of the information you are permitted by law to inspect and copy.

Right to Accounting of Disclosures: You have the right to request a free list of disclosures every 12 months. We are not required to list all disclosures, such as those authorized or made for treatment, payment, or operations. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* If you request more than one accounting in a 12-month period, we may charge you for the cost of the list. We will tell the cost; you may withdraw or modify your request before costs accrue.

Right to Request Restrictions: You have the right to request a restriction or limitation on your health information that we use or disclose, unless use or disclosure is required by law. You have the right to request limits on the health information we disclose about you to someone involved in your care or payment for your care, like a family member or friend. You must specify the restriction and to whom it applies. We are not required to agree to every request. If we agree, or are required to comply, we will comply with the request unless the information is needed in case of emergency.

Example: You may want to pay cash for services rather than have your insurance billed.

Right to Request Confidential Contacts: You have the right to request that we contact you about medical issues in a certain way or place, such as by mail. You must specify how or where you wish to be contacted; we will try to accommodate reasonable requests.

Right to Paper Copy of This Notice: You have the right to a paper copy of this Notice, which is posted and available at each location where medical services are provided.

Changes to this Notice: We reserve the right to change this Notice and to make the revised Notice effective for health information we created or received about you prior to the revision, as well as information that we receive in the future. Revised Notices will be posted and available at each location where medical services are provided.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services by mail: Office of Civil Rights – DHHS, 1301 Young Street, Suite 1169, Dallas, TX 75202, (214) 767-4056; (214) 767-8940 TDD. To file a complaint with us, contact the receptionist. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Acknowledgement of Receipt of this Notice: We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name and date. This acknowledgement will be filed with your records.