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CENTER FOR ATTENTION & LEARNING (CAL)

**NOTICE OF PRIVACY PRACTICES (NPP)**

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If you have any questions about it, contact our Privacy Officer at 251-342-6443.*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Federal HIPAA law requires that we give you this Notice of Privacy Practices. Please keep it for reference. It describes how we may use/disclose your Protected Health Information (PHI) (or the PHI of a child, dependent, or similar individual whom you may legally entrust into our care) to carry out treatment, payment or healthcare operations (TPO) 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 healthcare services. We are required by law to maintain the privacy of your PHI in specific manners and to specific degrees. The NPP declares our legal duties and privacy practices with respect to PHI.

We are required to abide by the terms of this NPP. We may change the terms of our NPP at any time, and we reserve the right to do so. The new NPP will be effective for all PHI that we maintain at that time. You may obtain a current NPP by calling the office and requesting one be mailed to you or by asking for one at the office before or at the time of your next appointment. We will also post it on our website at [www.centerforattentionmobile.com](http://www.centerforattentionmobile.com).

Note that PHI includes, but is not limited to, information we have about any and all inpatient and outpatient medical, psychological, and psychiatric information and records—including those relating to drug, substance, or alcohol use or misuse, sexual identity or preference, criminal convictions, and infectious diseases including HIV and/or AIDS or AIDS-related conditions.

**Uses and disclosures of PHI for treatment, payment, and healthcare operations**

We will use your PHI as part of rendering patient care, including treatment, payment, and healthcare operations (TPO). The following are some, but not all, examples of the types of uses/disclosures that we may make.

**Treatment:** We will use/disclose your PHI to provide, coordinate, or manage your healthcare and any related services. For example, we would use your laboratory tests to help make a diagnosis. We would disclose your PHI, as necessary, to a hospital or other treatment center that provides care to you or a test or examination of you. Your PHI also may be provided to a physician, psychologist, counselor, or other to whom you have been referred or have referred yourself to ensure that that person has the necessary information to diagnose or treat you. Your PHI may be released to a family member or friend who is involved in your care or who helps take care of you. For example, you might bring someone into a visit with you who would hear about or be aware of your condition or you might send your child to the doctor with a relative or babysitter who would then have access to the child's medical information. We might leave a treatment or informational message with a relative who answers the phone at your home to the extent that we believe it relates to that person's involvement in your healthcare.

**Payment:** Your PHI will be used, as needed, to obtain payment for you, for us, or for a third party for your healthcare services. For example, obtaining approval for payment for an exam or medication may require us to release relevant PHI to an insurer or pharmacy management service. We may provide your insurer with details of your history and/or treatment to determine if the insurer will pay for treatment. We may disclose your PHI to other healthcare providers to assist in their billing and collection efforts. We will use your PHI to bill you. You may restrict the disclosure of your PHI to a health plan if the disclosure is for payment or healthcare operations and pertains to a healthcare item service you paid out of pocket in full. If you do, you might not be compensated as you otherwise might.

**Healthcare Operations:** We may use/disclose, as needed, your PHI to support the business activities of our practice. The law allows these activities to include, but not be limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing, fundraising, business planning, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and whom you will see. We may call you by name in the waiting room when the physician is ready to see you. We may disclose your PHI to other healthcare providers to assist in their healthcare operations.

We may share your PHI with third-party "business associates" that perform various activities (e.g., billing services) for our office. Whenever an arrangement between our office and a business associate involves use/disclosure of your PHI, we will have a written contract with that associate containing terms that will protect the privacy of your PHI. The law also requires the business associate to similarly contract with any of its business associates, all the way down the line, to protect your PHI. We are not liable/responsible for failures of business associates or their subassociates to comply with terms of their contract(s) or any law or regulation.

We may contact you for appointment reminders. We may offer information about treatment alternatives or other health-related benefits and services that may be of interest or use to you. We may use/disclose your demographics and dates of treatment as necessary to contact you for fundraising activities supported by our office.

Other uses/disclosures of your PHI will be made only with your written authorization unless otherwise permitted or required by law or as described below. You may revoke an authorization, at any time, in writing, except to the extent that we have already acted on a prior authorization.

**Mechanisms of Disclosure:**

CAL may release and/or share PHI via any means it deems appropriate including but not limited to the use of voice or the reproduction of documents and delivery of such information or records by any such means including but not limited to its physical transmittal by US Mail, commercial carrier or other designee of CAL or patient or responsible party and/or to electronic transmittal by telephone, fax, modem, computer, web, radio device, or the like over any commercial or private network useful for the delivery of data or information.

## **Permitted uses and disclosures of PHI that may occur if there is no advance objection by you**

You should be aware that we may use/disclose your PHI in the following and similar situations unless you object in advance to the use and/or disclosure. These situations include but are not limited to:

**Limited use or disclosure when you are not present:** If you are not present or able to agree or object to the use/disclosure of PHI because of incapacity or emergency circumstances, then the physician may, using professional judgment, determine whether the use/disclosure is in your best interest. In this case, only PHI relevant to your healthcare will be used/disclosed.

**Family and friends:** We may disclose PHI to a family member, relative, friend, or any other person you identify as it directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information if we deem that to be in your best interest based on the physician's professional judgment.

**Notification:** We may use/disclose PHI to notify or assist in notifying a family member, personal representative, or any other person responsible for your care, of your location, general condition, or death.

**Disaster relief:** We may use/disclose your PHI to an authorized public or private entity to help in disaster relief efforts and to coordinate uses/disclosures to family or other individuals involved in your healthcare.

**Emergencies:** We may use/disclose your PHI to a person who needs to be involved in your healthcare in an emergency treatment situation if, in the physician's professional judgment, that use/disclosure is in your best interest. If so, we will disclose only the PHI that is directly relevant to the person's needed involvement with your healthcare.

**Marketing:** The sale of PHI and the use of such information for paid marketing require authorization from the individual. This includes communication issues by a covered entity or business associate regarding a treatment or operations-related product or service offered by a third party when the third party has compensated the covered entity or business associate for the communications.

**Other Uses:** Any other uses and disclosures not described or referenced in the Notice of Privacy Practice will be made only with a patient authorization.

## **Other permitted and required uses & disclosures that may be made without your authorization or opportunity to object**

We may use/disclose your PHI in the following situations without your authorization or opportunity to agree or object. These situations include:

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

**Required By Law:** We may use/disclose your PHI to the extent that such use/disclosure is required by law. The use/disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses/disclosures.

**Public Health:** We may use/disclose your PHI for 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 in accordance with Alabama State Law or Federal Law for the purpose of preventing or controlling disease, injury, or disability. It may include, but is not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, investigations, and interventions. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, surveys, inspections, and medical licensure and disciplinary actions and investigations, or civil, administrative, and criminal procedures or actions. Oversight agencies seeking this information include governmental agencies that oversee the healthcare system, government benefit programs, other government regulatory programs, and civil rights laws.

**Abuse or Neglect:** We may disclose PHI to a public health authority that is authorized by law to receive reports of child or adult abuse or neglect. In addition, we may disclose your PHI to a governmental entity/agency legally authorized to receive such information if we believe or have reason to believe that you have been or may have been a victim of abuse, neglect, or domestic violence. In this case, disclosure will be made consistent with the requirements of applicable Alabama and/or Federal Law.

**Food & Drug Administration:** We may disclose your PHI to comply with requirements of or at the direction of the Food & Drug Administration to report adverse events, product defects or problems, or biologic product deviations; to 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), and in certain conditions in response to a subpoena, discovery request, warrant, court order, summons, or other lawful process in cases in which you are directly or indirectly involved. You may or may not have a right to block such disclosures via legal means but we are not required to notify you of such an order. You may (or may not) have special rights of privacy if the PHI includes psychological or psychiatric information or psychiatric notes; you should obtain legal opinion if you are involved in such a proceeding.

**Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes including: (1) legal processes such as a warrant, summons, court order, subpoena, or other such document tendered to us with compliance required by law; (2) limited information requests for identification and location purposes; (3) those 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 this practice; (6) a medical emergency (not occurring on our premises) in which it is likely that a crime has occurred; (7) need for law enforcement authorities to identify or apprehend an individual who is a suspect, material witness, fugitive, or missing person.

**Coroners, Medical Examiners, & Funeral Directors:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or the performance of other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may also disclose such information in reasonable anticipation of death.

**Organ, Eye, or Tissue Donation:** If you are designated an organ donor, we may disclose PHI to organ procurement organizations or other entities involved in the procurement, banking, or transplantation for cadaveric organ, eye, or tissue donation purposes.

**Research:** We may disclose your PHI to researchers in certain very limited circumstances when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We will almost always ask for your specific permission if the researcher obtains access to your name, address, or other information that reveals who you are, or will be involved in your care at this office.

**Serious Threat to Health or Safety:** Consistent with applicable laws and standards of ethical conduct, we may use/disclose your PHI if we believe that such use/disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you, another person, or the public and only if such disclosure is to a person(s) or agency reasonably able to prevent or lessen the threat. In the event of doubt, the decision will be made in the direction of promoting such health and/or safety.

**Military Needs:** When appropriate conditions apply, we may use/disclose PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for separation or discharge from military service; (3) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (4) to foreign military authority if you are a member of that foreign military service.

**Workers' Compensation:** Your PHI may be used/disclosed by us as authorized/required to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related injuries or illness without regard to fault.

**Communicable Diseases:** We may disclose your PHI, according to Alabama or Federal Law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Inmate Status:** Your PHI may be disclosed to correctional institutions or law enforcement officials if you are an inmate or under the custody of or supervision by a law enforcement official. Such disclosure would be necessary for: (a) the institution or official to provide healthcare services for you, (b) the safety and security of the institution or official, and/or (c) the protection of the health and safety of you and/or other persons.

**Fundraising Activities:** We may contact you for a release of authorization for fundraising of our office. The only information that would be released would be name, address and phone number, and the dates you received treatment. However, you have the right to opt out of receiving such communications. If you do not want this office to contact you for fundraising efforts, you must notify our Privacy Officer in writing.

**Protective Services for the President and Others:** We may disclose medical information about you to authorized federal or other law enforcement officials so they may provide protection to the President, other authorized persons, and foreign heads of state or may conduct special investigations.

**National Security and Intelligence Activities:** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security purposes authorized by law.

**Death:** CAL may provide PHI to family members and non-family members who were involved in the care or payment for healthcare of the decedent prior to death. However, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased. This regulation is effective for a period of 50 years after death.

## **Your Rights**

The following is a statement of your rights with respect to your PHI.

**You have the right to request, via our Privacy Officer, a restriction on the use/disclosure of your PHI.** You may ask us not to use/disclose any or all parts of your PHI for purposes of TPO. Note that only some of the possible uses/disclosures listed above come under the category of TPO. You may not request restrictions that are inconsistent with law and/or regulation which we are required to abide by. You may also request that any or all parts of your PHI not be disclosed to certain family members, friends, or any other person or entity who may be involved in your care for medical treatment, payment, or notification purposes. Your request must state in a clear and concise fashion: (1) the specific information you want restricted (stating "anything that might get me in trouble" or "anything they don't need to know" is unacceptably general); (2) whether you are restricting our use, our disclosure, or both; and (3) to whom you want the restriction(s) to apply. Note that some restrictions on information use/disclosure for payment purposes may result in your becoming immediately and totally responsible for some or all charges that would customarily be sent to a third party. Restrictions on information use by us or on information disclosure to other treatment providers may be hazardous to your health and may in some cases result in our decision, with appropriate notice to you, to remove ourselves from participation in your healthcare.

We are not required to agree to a restriction that you request. If we do not agree to your request, we will advise you; you are of course free to obtain medical care elsewhere, though all similar healthcare providers are bound by this same HIPAA law and have the same option not to agree to your restriction(s). If we do agree to your requested restriction, we may not use/disclose your PHI in violation of that restriction unless needed to provide emergency treatment or as required by or consistent with law. Also, if we do accept restrictions to total use/disclosure, be aware we will not be able to indicate or imply to others that the portions of the records used/disclosed constitute your entire record. With this in mind, we suggest you discuss any restriction you wish to request with your physician or staff. You may request a restriction by submitting in writing a document which fulfills the three requirements in the section of this NPP which begins "You have the right to request, via our Privacy Officer, a restriction on the use/disclosure of your PHI." You may change your restrictions in the same manner.

**You have the right to receive communications concerning your PHI in a confidential manner.** We will accommodate reasonable requests by you to receive or not receive communications of PHI (a) by reasonable specific means or (b) at a reasonable specific location. We may condition this accommodation by asking you for information as to how payment will be handled or by specification of an alternative address or other method of contact. You do not need to provide us an explanation as to the basis for your request. In order to request a type of confidential communication, you must make a written request to our Privacy Officer specifying the requested method of contact and/or the location where you wish to be contacted.

**You have the right to inspect and receive a copy of your PHI.** You may inspect and/or obtain a copy of PHI about you that is contained in a "designated record set" (DRS) for as long as we maintain the PHI. A DRS contains medical and billing records and any other records about you that your physician and the practice uses for making decisions about you.

This right is subject to certain specific exceptions. For example, under the HIPAA law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law

that prohibits access to such PHI. If we deny your access to your PHI, we will provide you with a reason for the basis of the denial. In some instances, you may request a review of our denial. Another physician chosen by us will conduct such a review. You may be charged in advance the fee for postage and for record copies as allowed under and specified by Alabama State Law. Inspection sessions will be attended by a staff member of our office. Submit any questions about inspecting and receiving copies of your PHI to the Privacy Officer. To inspect and/or obtain a copy of your PHI, submit your request in writing to our Privacy Officer, stating whether you wish to inspect, receive a copy, or both, and providing several time selections you will be available for such an inspection, if desired.

**You have the right to request amendment of PHI.** You may request an amendment of PHI about you in your DRS if you believe it to be incorrect or incomplete, for as long as we maintain it. Your request must be made in writing and submitted to the Privacy Officer and must provide a reason that supports your request for an amendment. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the this office; (c) not part of the PHI which you would be permitted to inspect and copy (the DRS); or (d) not created by our practice--unless the individual or entity that created the information is not at all available to amend the information. If we deny your request, you have the right to file a statement of disagreement with us; we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your PHI.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purposes other than TPO. The right to receive this information is subject to certain exceptions, restrictions and limitations. It excludes disclosures we may have made to you, those that were authorized by you or your personal representative, those made to family members or friends involved in your care, and those made for notification purposes. You have the right to receive specific information regarding these disclosures during the six years or less prior to the date of your request but not including dates before April 14, 2003. There is a charge for more than one list requested per twelve months' period and you will be advised of this charge before you incur any obligation. The first request within a 12-month period is free. To obtain an accounting of such disclosures, you must submit your request in writing to this office's Privacy Officer, specifying the period desired.

**You have the right to obtain a paper copy of this notice from us** upon request, even if you have agreed to accept or received this notice electronically. Ask for it from anyone on our staff.

**You have the right to be notified of breach of PHI security.** You have the right to be or you will be notified following a breach of unsecured PHI if you are affected by the breach.

**You have the right to restrict disclosure to a health plan.** You have the right to restrict disclosure of PHI to a health plan if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which you have paid out of pocket and in full.

### **Implications of Disclosure**

You are not required by the CAL to release PHI. In releasing PHI in any manner to any destination: (1) you may be authorizing release of portions of or all of any very private and confidential information that may have been provided to professionals and/or their staffs, here at CAL or previously provided elsewhere and subsequently transferred in some manner to CAL; (2) you are accepting the transmission of private information beyond the otherwise confidential walls of the CAL and the bounds of your professional relationship at CAL; (3) you understand that CAL has no control over any subsequent use, re-release, or misuse or alleged misuse of your PHI by the party/parties to whom such information is transferred/released or any parties even further down the line of subsequent release and that your decision to allow PHI release may lead to such occurrences. Released PHI may directly or indirectly arrive at an insurer where content may play a role in patient's or patient's relatives' receiving an unfavorable decision from an insurer regarding reimbursement of medical expenses or the granting or renewal of an insurance policy or policies for which application was, is, or will be made. There may be other implications of disclosure of PHI.

### **Complaints**

You may file a complaint with us by submitting it in writing to our Privacy Officer at 829 S. University Blvd., Mobile, AL 36609 or you may contact that officer for further information about the complaint process. You may also complain to us or to the Secretary of the U. S. Department of Health and Human Services if you believe your privacy rights have been violated by us. We will not act against you for filing a non-malicious complaint.

**Changes to the Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain its effective date at the top of its first page. In addition, each time you visit the practice for treatment or healthcare services, we will offer you a copy of the current notice or you may request a copy.

**Other Uses of Medical Information:** Other uses and disclosures of medical information not covered by this notice or applicable law will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing only, directed to our Privacy Officer, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written notice. We are required to retain our records of the care that we provide to you. We are unable to take back any disclosures we have already made with your permission.

If you have any questions about this notice, please contact the CAL Privacy Officer at 251-342-6443.