

**NOTICE OF PRIVACY PRACTICES  
MAXWELL LARWEH M.D. PC**

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**1. Introduction**

Maxwell Larweh MD is required by law to maintain the privacy of your health information and to provide the individuals with notice of its legal duties and privacy practices with respect to health information. Maxwell Larweh MD is required to abide by the terms of the notice currently in effect. Maxwell Larweh MD reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains.

This Notice of Privacy Practices and Policies outlines our practices, policies, and legal duties to maintain confidentiality and protect against prohibited disclosure of protected health information (“PHI”) under the privacy regulations mandated by the Health Insurance Portability and Accountability Act (“HIPAA”) and further expanded by the Health Information Technology for Economic Clinical Health Act (“HITECH”).

PHI includes your demographic information such as name, address, telephone number, and family; past, present, or future information about your physical or mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you. Your PHI may be maintained by us electronically and/or on paper.

This Notice describes uses and disclosures of PHI to which you have consented, that you may be asked to authorize in the future, and that are permitted or required by state or federal law. Also, it advises you of your rights to access and control of your PHI.

We may amend this Notice of Privacy Practices and Policies periodically. 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 of Privacy Practices or you may obtain a copy by calling the office, (531) 201-2422 and requesting that a revised copy be sent to you by mail or asking for one at the time of your next appointment.

We regard the safeguarding of your PHI as an important duty. The elements of this Notice and any authorizations you may sign are required by state and federal law for your protection and to ensure your informed consent to the use and disclosure of PHI necessary to support your relationship with Maxwell Larweh MD PC of Bellevue.

If you have any questions about Maxwell Larweh MD PC of Bellevue’s Notice of Privacy Practices and Policies, please contact Maxwell Larweh MD at (531) 201-2422.

## 2. Safeguarding PHI Within our Practice

We have in place appropriate administrative, technical, and physical safeguards to protect and to secure the privacy and security of your PHI. We orient our staff to the regulations and policies developed to protect the privacy of your PHI and review their obligation to maintain privacy and security annually. We hold medical records in a secure area within our practice, and our electronic medical record system is monitored and updated to address security risks in compliance with the HIPAA Security Rule. Only staff members who have a legitimate “need to know” are permitted access to your medical records and other PHI. Our staff understands the legal and ethical obligation to protect your PHI and that a violation of this Notice of Privacy Practices and Policies may result in disciplinary action in accordance with our clinic policies.

## 3. Uses and Disclosures of PHI

As part of our registration process, we will request your written consent for our practice to use and disclose your PHI for the purposes of:

- **Treatment.** Treatment means the provision, coordination, or management of your health care and related services by Maxwell Larweh MD and health care providers involved in your care. It includes the coordination or management of health care by a provider with a third party insurance carrier, communication with lab or imaging providers for test results, consultation between our clinical staff and other health care providers relating to your care, or our referral of you to a specialist physician or facility.
- **Payment.** Payment means our activities to obtain reimbursement for the medical services provided to you, including billing, claims management, and collection activities. Payment may also include your insurance carrier’s efforts in determining eligibility, claims processing, assessing medical necessity and utilization review. Payment may also include activities carried out on our behalf by one or more of our collection agencies or agents in order to secure payment on delinquent bills.
- **Health Care Operations.** Health care operations mean the legitimate business activities of our practice. These activities may include quality assessment and improvement activities; fraud & abuse compliance; business planning & development; and business management & general administrative activities. These can also include our telephoning you to remind you of appointments, or using a translation service if we need to communicate with you in person, or on the telephone, in a language other than English. We may verbally review your address, phone number and insurance information as we check you in for your appointment. In addition, we may also call you by name in the waiting room when your physician is ready to see you.

When we involve third parties in our business activities, we will have them sign a Business Associate Agreement obligating them to safeguard your PHI according to the same legal standards we follow.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- **Regarding Childhood Immunizations-** physicians may disclose immunizations to schools required to obtain proof of immunization prior to admitting the student so long as the physicians have and document the patient or patient's legal representative's "informal agreement" to the disclosure. The release cannot be to the school at their request only; affirmative request from the parent/guardian/patient is still necessary.

#### **4. Electronic Exchange of PHI**

- **PHI Transfers** – We may transfer your PHI to other treating health care providers electronically if encrypted. We may also transfer your information to your insurance carrier electronically if encrypted. The clinic can provide the records in another mutually agreeable electronic format. The clinic EHR system will provide access to HER records in the electronic form and format. Hard copies are permitted only when the individual rejects all readily reproducible eformats.
- **Email Transfer** – We clarify that covered entities are permitted to send individuals unencrypted emails if they have advised the individual of the risk, and the individual still prefers the unencrypted email. If individuals are notified of the risks and still prefer unencrypted email, the individual has the right to receive protected health information in that way, and covered entities are not responsible for unauthorized access of protected health information while in transmission to the individual based on the individual's request. Further, covered entities are not responsible for safeguarding information once delivered to the individual, this must be documented.

#### **5. Uses and Disclosures of PHI Based Upon Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your specific written authorization. This allows you to request that Maxwell Larweh MD disclose limited PHI to specified individuals or companies for a defined purpose and timeframe. For example, you may wish to authorize disclosures to individuals who are not involved in treatment, payment, or health care operations, such as family member or a school physical education program. If you wish us to make disclosures in these situations, we will ask you to sign an authorization allowing us to disclose this PHI to the designated parties.

#### **6. Uses and Disclosures of PHI Permitted or Required by Law**

In some circumstances, we may be legally bound to use or disclose your PHI without your consent or authorization. State and federal privacy law permit or require such use or disclosure regardless of your consent or authorization in certain situations, including, but not limited to:

- **Emergencies.** If you are incapacitated and require emergency medical treatment, we will use and disclose your PHI to ensure you receive the necessary medical services. We will attempt to obtain your consent as soon as practical following your treatment.
- **Others Involved in Your Healthcare.** Upon your verbal authorization, we may disclose to a family member, close friend, or other person you designate only that PHI that directly relates to that individual's involvement in your healthcare and treatment. We may also need to use PHI to notify a family member, personal representative, or someone else responsible for your care of your location and general condition. The

physician is allowed to make disclosures to the deceased's family and friends when these individuals are involved in providing care or payment of care and the physician is unaware of any expressed preference to the contrary.

- **Communication barriers.** If we try but cannot obtain your consent to use or disclose your PHI because of substantial communication barriers and your physician, using his or her professional judgment, infers that you consent to the use or disclosure, or the physician determines that a limited disclosure is in your best interests, Maxwell Larweh MD may permit the use or disclosure.
- **Required by Law:** We may disclose your PHI to the extent that its use or disclosure is required by law. This disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **Public Health/Regulatory Activities:** We may disclose your PHI to an authorized public health authority to prevent or control disease, injury, or disability or to comply with state child or adult abuse or neglect law. We are obligated to report suspicion of abuse and neglect to the appropriate regulatory agency.
- **Food and Drug Administration:** We may disclose your PHI to a person or company as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations as well as to track product usage, enable product recalls, make repairs or replacements or to conduct post-marketing surveillance.
- **Health oversight activities.** We may disclose your PHI to a health oversight agency for audits, investigations, inspections, and other activities necessary for the appropriate oversight of the health care system and government benefit programs such as Medicare and Medicaid.
- **Judicial and administrative proceedings.** We may only disclose your PHI in the course of any judicial or administrative proceedings in response to a court order expressly directing disclosure, or in accordance with specific statutory obligation compelling us to do so, or with your permission.
- **Law enforcement activities.** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of 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) and it is likely that a crime has occurred.
- **Coroners, medical examiners, funeral directors and organ donation organizations:** We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other lawful duties. We also may disclose your PHI to enable a funeral director to carry out his or her lawful duties. PHI may also be disclosed to organ banks for cadaveric organ, eye, bone, tissue and other donation purposes.
- **Research.** We may disclose your PHI for certain medical or scientific research where approved by an institutional review board and where the researchers have a protocol to ensure the privacy of your PHI.
- **Serious threats to health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

- **Military activity & national security.** We may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We may also disclose your PHI to certain federal officials for lawful intelligence and other national security activities.
- **Worker's Compensation:** We may disclose your PHI as authorized to comply with worker's compensation law.
- **Inmates of Correctional Facility:** We may use or disclose PHI if you are an inmate of a correctional facility and our practice created or received your PHI in the course of providing care to you while in custody.
- **US Department of Health and Human Services:** We must disclose your PHI to you upon request and to the Secretary of the United States Department of Health and Human Services to investigate or determine our compliance with the privacy laws.
- **Disaster Relief Activities:** We may disclose your PHI to local, state, or federal agencies engaged in disaster relief and to private disaster relief assistance organizations (such as the Red Cross if authorized to assist in disaster relief efforts).

## 7. Your Rights Regarding PHI

- **Right to request restriction of uses and disclosures.** You have the right to request that we not use or disclose any part of your PHI unless it is a use or disclosure required by law. Please advise us of the specific PHI you wish restricted and the individual(s) who should not receive the restricted PHI. We are not required to agree to your restriction request, with one exception\*, but if we do agree to the request, we will not use or disclose the restricted PHI unless it is necessary for emergency treatment. In that case, we will ask that the recipient not further use or disclose the restricted PHI. You may request restrictions and identify the parties to be restricted in writing to the Director of Medical Information.

\*If you request that access, be restricted to your PHI for services for which you have fully paid yourself out-of-pocket and not be made available to your insurance carrier, we must agree to your request.

- **Right of access to PHI.** You have the right to inspect and obtain a copy of your PHI upon your written request. Under very limited circumstances, we may deny access to your medical records. To request access to your medical record, call Maxwell Larweh MD during business hours. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. If access is denied, you will receive a denial letter within 30 days. There is an appeal process. We have the right to charge reasonable fee for providing copies of your PHI. The medical practice will provide access to PHI records in the electronic form and format requested by the individual if the records are "readily reproducible" in that format. Physicians will consider transmission security and may send PHI in unencrypted emails only if the requesting individual is advised of the risk and still request that form of transmission, this must be documented in the PHI.

- **Right to confidential communications.** You have the right to reasonable accommodation of a request to receive communication of PHI by alternative means or at alternative locations. For example, you may wish your bill to be sent to an address other than your home. Please make your request in writing to Maxwell Larweh MD. We will not require an explanation of your reasons for the request, and will attempt to comply with reasonable requests, but you will be required to assume any costs associated with forwarding your PHI by alternate means.
- **Right to amend PHI.** You have the right to request that we amend your PHI. Your request must be made in writing to us. We will respond to your request as soon as possible, but not later than 30 days from the date of your request. If we deny your request for amendment, you have the right to submit a written statement disagreeing with the denial; Maxwell Larweh MD also has the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your medical record and may be included in subsequent disclosures of your PHI.
- **Right to accounting of disclosures.** Subject to certain limitations, you have the right to a written accounting of disclosures by us of your PHI for not more than 6 years prior to the date of your request. Your right to an accounting applies to disclosures other than those for treatment, payment, or health care operations. Please make your request in writing to us. We will respond to your request as soon as possible, but not later than 60 days from the date of your request. We will provide you with one accounting every 12 months free of charge. We will charge a reasonable fee based upon our costs for any subsequent accounting requests.
- **Right to a copy of our Notice of Privacy Practices and Policies.** We will ask you to sign a written acknowledgement of receipt of our Notice of Privacy Practices and Policies. We may periodically amend this Notice of Privacy Practices and Policies and you may obtain an updated Notice at any time.
- **Right to receive notice of a security Breach.** Effective September 23, 2009, we are required to notify you if your protected health information has been breached. The notification will occur by first class mail within 60 days of the event. A Breach occurs when there has been unauthorized use or disclosure under HIPAA that compromises the privacy or security of protected health information. The notification requirements under this section only apply if the breach poses significant risk for financial, reputational, or other harm to you. The notice will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

Not every impermissible use or disclosure of protected health information constitutes a reportable breach. The determination of whether an impermissible breach is reportable hinges on whether there is a significant risk of harm to you as a result of impermissible activity. The key to determining potential harm is whether sufficient information was released that would allow identity theft or harm you because of the likelihood of sharing sensitive health data.

## **8. Compliant Procedure**

- **Within our Practice:** If you have a complaint about the denial of any specific rights listed in Section 7 above, about our Notice of Privacy Practices and Policies, or about our compliance with state and federal privacy laws you may get more information about the compliant process by contacting Maxwell Larweh MD at (531) 201-2422. We will respond to your complaint in writing within the timeframes listed in section 7 above or in any case within 30 days of the date of your complaint.
- **Outside our Practice:** If you believe Maxwell Larweh MD is not complying with its legal obligations to protect the privacy of your PHI, you may file a complaint with the Secretary of the US Department of Health & Human Services, Office of Civil Rights
- We will not retaliate against you for filing a complaint.

**9. Effective Date.** This Notice is effective as of 01/10/2018. Updated 03/12/2023.

### Updates to Document

Date	User	Section	Content	Version
01/10/2018	mlarweh	All	Document Creation	v1.0
03/12/2023	mlarweh	Contact information Section 1	Document update	v2.0