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Notice of Privacy Practices

Effective: 4/14/2003

Last Updated: 11/17/2021

You may request a copy of this notice at any time. For more information about privacy practices or additional copies of this notice, or if you have any questions about this notice, you may contact 401-943-1300 to reach the Cranston/East Greenwich office, or 401-789-1860 to reach the Narragansett/Westerly office and request to speak with management.

This notice applies to Gastrointestinal Medicine Associates, Inc. and all of its locations:

- 1150 Reservoir Avenue, Suite 201, Cranston, RI 02920
- 360 Kingstown Road, Suite 202 & 204, Narragansett, RI 02882
- 3461 South County Trail, Suite 301, East Greenwich, RI 02818
- 268 Post Road, Suite 204 (Specialty Suite) Westerly, RI 02891

Who Will Follow This Notice:

This notice describes information about privacy practices followed by our employees, staff, and other office personnel. The practices described in this notice will also be followed by healthcare providers you consult with by telephone (when your regular healthcare provider from our office is not available) who provide "call coverage" for your healthcare provider.

Your Health Information

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office.

We are required by Federal and State law to provide you this notice about our privacy practices, our legal duties, and your rights concerning your Protected Health Information (PHI). We must follow the privacy practices that are described in this notice. We are required by law to maintain the privacy and security of your Protected Health Information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. This notice becomes effective on April 14, 2003.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we

made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

PHI is individually identifiable health information, collected by your health care provider, and that relates to:

- Your past, present, or future; physical or mental health, or condition.
- The provisions of healthcare to you.
- The past, present, or future payment for the provisions of healthcare to you.

This privacy notice follows regulations outlined in The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Rhode Island Confidentiality of Healthcare Communications and Information Act.

How We May Use and Disclose Health Information About You

We must have your written, signed consent to use and disclose health information for the following purposes:

For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff, or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that the doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care such as; phoning in prescriptions to your pharmacy, scheduling lab work, and ordering x-rays. Family members and other healthcare providers may be a part of your medical care outside of this office and may require information about you that we have.

For Payment: We may use and disclose health information about you so that the treatment and services you received at this office may be billed to, and payment may be collected from you, an insurance company, or a third-party. For example, we may need to give your health plan information about the service you received here so that your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For Healthcare Operations: We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Your Employer or Organizations Sponsoring Your Group Health Plan: We do not typically disclose your PHI to the sponsor of your group health plan, but do provide enrollment and disenrollment information. We may also disclose summary information about the enrollee in your group health plan to the health plan sponsor to use to obtain premium bids for the health insurance offered through your group health plan or to decide whether to modify, amend, or terminate your group health plan. We may disclose information which summarizes claim history, claim expenses, or types of claims experienced by the enrollees in your group health plan. The summary information will be stripped of demographic information about specific enrollees in the

group health plan, but the plan sponsor may still be able to identify you or other enrollees in your group health plan from the summary information.

Business Associates and Consultants: We contract with individuals and entities (business associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI, but only after we require the business associates to agree in writing to appropriately safeguard the confidentiality and security of your information with access limited only to those with a "need to know."

Providers or Other Covered Entities: We may use, receive, or disclose your PHI to assist healthcare providers in connection with their treatment or payment activities, or to assist another entity which has relationship with you and is subject to Federal Privacy Regulation in connection with certain healthcare operations. For example, we may disclose your PHI to a healthcare provider to coordinate care for you, we may disclose PHI to another covered entity to conduct healthcare operations in the areas of quality assurance and improvement activities, reviewing the competence or qualifications of healthcare professionals, or detecting or preventing healthcare fraud and abuse. This also means that we may disclose or share your PHI with healthcare programs or insurance carriers (such as Blue Cross, Medicare, United health etc.) to coordinate benefits.

Appointment Reminders: We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

Treatment Alternatives: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Products and Services: We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health related products and services. If you advise us in writing (at the address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose information for these purposes.

You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any uses and disclosures that occurred before that time.

If you do revoke your consent, we will not be permitted to use or disclose information for purposes of treatment, payment, or healthcare operations, and we may therefore choose to discontinue providing you with healthcare treatment and services.

Special Situations

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Your Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law: We will disclose health information about you when required to do so by Federal, State, or local law.

Research: We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for permission if the researcher will have access to your name, address, or other information that reveals you are, or will be involved in your care at the office.

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence: If you are or were a member of the Armed Forces, or part of the National Security or Intelligence Communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation: We may release health information about you for Worker's Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, nonaccidental physical injuries, reactions to medications, or problems with products.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement: We may release health information if asked to do so by law enforcement officials in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners, and Funeral Directors: We may release health information to coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Family and Friends: We may disclose health information about you to family members or friends if we obtain your consent to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume that you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into an exam room during treatment or while treatment is discussed.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

In situations where you are not capable of giving consent (because you are not present, or due to an incapacity or medical emergency), we may, using our professional judgment, determine that disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or x-rays.

Other Uses and Disclosures of Health Information

We will not use or disclose health information for any purpose other than those identified in the previous sections without your specific, written consent. We must obtain your consent separate from any other authorization we may have previously obtained from you. If you give us consent to use or disclose health information about you, you may revoke that in writing, at any time. If you revoke your consent, we will no longer use or disclose information about you for the reasons covered by your written consent, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV, or substance abuse information about you, we cannot release that information without a special signed, written authorization (different from the authorization and consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment, or healthcare operations, we will have to have both your signed consent, and a special written authorization that complies with the law governing HIV or substance abuse records.

Your Rights Regarding Health Information About You

You have the following rights regarding your health information we maintain about you:

Right To Inspect and Copy: The right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to our office in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to health information, you may ask the denial be reviewed. If such review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right To Amend: If you believe health information we have about you is incorrect or incomplete, you have the right to ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

We may deny your request if you ask as to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information that we keep.
- Is accurate and complete.

Right To an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, and healthcare operations. To obtain this list, you must submit your request in writing to our office. It must state a time period, which may

not be longer than 6 years from the date requested, and may not include dates before April 14, 2003. Your request should indicate what format you want the list (for example, on paper or electronically). We will provide one accounting a year for free, but will charge a reasonable cost-based fee if you ask for another one within 12 months. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right To Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We Are Not Required to Agree to Your Request: If we do agree we will comply with your request unless the information is needed to provide you emergency treatment.

Right To Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right To a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, please ask a member of our staff.

Changes to this notice

We reserve the right to change this notice, and to make the revised or change notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice in the office with its effective date at the top of the first page. You're entitled to a copy of the notice that is currently in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Department of Health and Human Services. To file a complaint with our office please ask to speak to the practice manager. You can file a complaint with the United States department health human services office for civil rights by sending a letter to 200 Independence Ave., S. W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.