

Norana Caivano, MD

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Electronic Communication and HIPPA Privacy Policies

Information about Electronic Communications and My Electronic Communications Policies

To communicate electronically with me with safety and confidence you must understand and agree to my guidelines. I use an encrypted Electronic Medical Records (EMR) to store your medical information and to communicate directly with you. I do not text message with clients. We may email at times outside the EMR so the following is important.

It is my practice to make every effort to protect your confidential information in all communication. However, no electronic communication is 100% secure. Though it is unlikely, this information could be retrievable. I cannot guarantee against unknown privacy violations such as unauthorized access achieved by illegal activity.

Please limit your electronic communications with me to ask routine, non-urgent questions, to schedule an appointment. All electronic communications will become part of your medical record. Please be aware that electronic communication is not a substitute for a face-to-face meeting with a provider.

I will try to respond to messages within 24 hours. However, there is no way to guarantee this will occur doing to the possibility of: misaddressed email, server down, power outage. If you do not get a response from me within 24 hours it is up to you to contact me by phone, mail, or in person. I do not check messages after hours or on the weekend.

HIPPA Compliance Agreement

Notice of Privacy Practices for Protected Health Information (PHI)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Release of PHI: When Patient Authorization is NOT Required:

The office is permitted by federal privacy laws to make uses and disclosures of your health

information for purposes of treatment, payment, and health care operations (TPO). Protected health information is the information I create and obtain providing my services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

- Example of Uses of Your Health Information for Treatment Purposes: I may need to coordinate and consult with your other providers about your treatment. During the course of your treatment I determine that I will need to consult with another specialist in the area. I will share relevant information with such specialist and obtain his/her input.
- Example of Use of Your Health Information for Payment Purposes: You may ask that I submit requests for payment to your health insurance company. If I do, the health insurance company requests information from me regarding medical care given. I will provide information to them about you and the care given.
- Example of Use of Your Information for Health Care Operations: I obtain services from my insurer or other business associates such as outcome evaluation, clinical guideline development, medical review, legal services, and insurance. I will share information about you with such insurers or other business associates as necessary to obtain these services.

Release of PHI: When Patient Authorization IS Required:

A signed, written authorization is required for non-routine, non-TPO-related disclosures of PHI. Written patient authorization is mandatory for release of PHI to: patients, family members or personal representatives of patients who are not directly involved in the patient's care, attorneys, employers, schools, and life insurance companies (or any insurance company that does not pay claims).

Your Health Information Rights

The health and billing records I maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to my office. I am not required to grant the request but I will comply with any request granted;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at my office;

- Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request to my office;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to my office. I may deny your request if you ask me to amend information that:
 - Was not created by me , unless the person or entity that created the information is no longer available to make the amendment
 - Is not part of the health information kept by or for the office
 - Is not part of the information that you would be permitted to inspect and copy
 - Is accurate and complete
- If your request is denied you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering that request in writing to my office;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to my office. An accounting will not include uses and disclosures of information for treatment, payment or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to my office, except to the extent information or action has already been taken.

My Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to my duties and privacy practices as to the information I collect and maintain about you
- Abide by the terms of this Notice
- Notify you if I cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information to you.

I reserve the right to amend, change, or eliminate provisions in my privacy practices and access practices and enact new provisions regarding the protected health information I maintain. If my information practices change I will amend my Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of my “Notice” .

To Request information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact me, Norana Caivano, MD, at 510-868-8494.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at my office. You may also file a complaint by mailing or emailing it to the Secretary of Health and Human Services (HHS). I cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment for my office. I cannot, and will not retaliate against you for filing a complaint with the Secretary of HHS.

Other Disclosures and Uses

- Abuse and Neglect -I may disclose your protected health information to public authorities as allowed by law to report abuse or neglect
- Law Enforcement- I may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution
- Serious Threat- To avert a serious threat to health or safety, I may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public
- Workers Compensation- If you are seeking compensation through Workers Compensation, I may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation

Consent: I have read this information and understand and accept its terms.