

Aviation Medicine Advisory Service

Notice Of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Reference: [45 CFR 164](#)

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create notes regarding our conversations with you or on your behalf and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

1. Understanding Your Health Information Record

Each time you visit a hospital, physician or other healthcare provider, a record of that visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- Tool for educating health professionals

- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and outcomes we achieve
- Understanding what is in your record and how your health information is used to help you:
 - Insure its accuracy
 - Better understand who, what, when where, and why others may access your health information
 - Make more informed decisions when authorizing disclosure to others

Because of the unique nature of our practice, the AMAS office does not generate individual medical records other than correspondence that our physicians send to and have with you or correspondence sent at your specific direction to outside organizations, such as the FAA, union representatives and attorneys, employers and insurance evaluators.

C. Your Health Information Rights regarding your PHI

Although your health record is the physical property of the healthcare provider or facility that compiled it, the information belongs to you. You have a right to:

- Request a restriction on certain uses or disclosures of your information as provided by [45 CFR 164.522](#)
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record as provided for in [45 CFR 164.524](#)
- Amend your health record as provided in [45 CFR 164.528](#)
- Obtain an accounting of disclosures of your PHI as provided in [45 CFR 164.528](#)
- Request communications of your PHI by alternate means or at alternate locations
- Revoke your authorization to use or disclose PHI except to the extent that action has already taken place

Our Responsibilities

Aviation Medicine Advisory Service is required to:

- Maintain the privacy of your PHI
- Provide you with a notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you (this Notice of Privacy Practices)
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you have to communicate PHI by alternate means or at alternate locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will post any revisions to our Privacy Policies on our web site at www.AviationMedicine.com.

We will not disclose your protected health information without your authorization, except as described in this notice below. We will notify you regarding any disclosures of your PHI.

For More Information, To Make Specific Requests or To Report a Problem

If you have questions regarding our Privacy Policies and would like additional information, you may contact the AMAS HIPAA privacy Officer at:

HIPAA Privacy Officer
Aviation Medicine Advisory Service
14707 E. 2nd Ave., Suite 200
Aurora, CO 80132
303-341-4435

If you believe your privacy rights have been violated, you can file a complaint with the AMAS HIPAA Privacy Officer at the address above using our [standardized form](#) or with the [Secretary of Health and Human Services](#). All complaints must be submitted in writing. We ask that any concerns or complaints be addressed initially with our Privacy Officer or with your AMAS physician. You will not be penalized or be denied authorized services for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

Aviation Medicine Advisory Service does not perform evaluations, make diagnoses, order tests, render treatment or provide monitoring or follow-up care. Because of the unique nature of our practice, the AMAS office does not generate individual medical records other than correspondence that our physicians send to and have with you or correspondence sent at your specific direction to outside organizations, such as the FAA, union representatives and attorneys, employers and insurance evaluators. Many of the uses listed below are required by law to be listed by Covered Entities (Physician offices), but are not part of our practice. We do maintain medical records from your private health care providers that have been sent to us. To the extent required by law or directed by you, we may disclose PHI in the following circumstances:

- 1. Evaluations** . Our practice may use your PHI to advise you. For example, we may ask you to obtain laboratory tests (such as blood or urine tests) or other studies (such as exercise testing, angiography, radiology images, cognitive testing) done by your personal physician. We may use the results to help us insure your evaluation meets FAA documentation requirements in support of submissions to FAA medical authorities on your behalf. We may also disclose your PHI to other health care providers for purposes related to your evaluation or treatment.
- 2. Payment**. Our practice may use and disclose your PHI in order to bill and collect payment for the services you may receive from us. For example, we may use your PHI to bill you directly for services. Pilots who are members in good standing with unions that have contracted with AMAS for aeromedical advisory services are not billed for services.

3. **Health care operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
4. **Treatment and evaluation options.** Our practice may use and disclose your PHI to inform you of potential treatment and evaluation options or alternatives offered by your physician with respect to FAA medical certification/qualification implications.
5. **Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your medical certification efforts. For example, if you are temporarily incapacitated or not available to discuss your FAA medical qualification issues, we will leave information with your spouse/partner/family member (unless specifically restricted by you) or with a representative designated by you.
6. **Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law or in response to a valid subpoena.
7. **Medical Certification Authorities.** With your consent or authorization, we will submit complete copies of PHI submitted to us to authorities responsible for determining your medical eligibility to perform your flight operations duties. For example, we will send FAA medical certification authorities copies of your medical records and data that you or your physicians have provided to us with an aeromedical summary requesting a medical qualification / certification determination.
8. **Business Associates.** Organizations that have contracted with AMAS to provide medical representation services to their members (“business associates”) occasionally request limited medical information to fulfill their obligations to members. For example, a labor union representative or attorney may request results of DOT drug or alcohol testing and medical issues influencing the results in order to protect the members rights, preserve employment or appeal to federal authorities. Also, labor union representatives may require information to support applications for disability benefits. To protect your health information, however, we require the “business associates” to appropriately safeguard your information. AMAS will only release non-medical data (unless specifically restricted by you). No medical data will be released without your direct authorization.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public health risks.** We may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury or disability. However, we will only disclose this information if you agree or we are required or authorized by law to disclose this information.

2. **Health oversight activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and similar proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law enforcement.** We may release PHI if required to do so by a law enforcement official in response to a warrant, summons, court order, subpoena or legal process.
5. **Serious threats to health or safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
6. **National security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law.
7. **Inmates.** Should you be an inmate of a correctional institution, we may disclose information to the institution or its agents health information required to protect your health and safety or the health and safety of other individuals.
8. **Workers' compensation.** Our practice may release your PHI for workers' compensation and similar programs if required by law or with your consent.

Again, if you have any questions regarding this notice or our health information privacy policies, or if you have a specific request regarding the privacy of your PHI, please contact:

**HIPAA Privacy Officer
Aviation Medicine Advisory Service
14707 E. 2nd Ave., Suite 200
Aurora, CO 80132
303-341-4435**

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