



**Objective Medical Assessments Corporation**  
401 Second Avenue South, Suite 110, Seattle, WA 98122

## NOTICE OF PRIVACY PRACTICES

**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.**

OMAC respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in our medical evaluation. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of evaluation, treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

### **Examples of Use and Disclosures of Protected Health Information for Treatment and Payment**

#### **For evaluation:**

- ❑ Information obtained by a physician or other member of our healthcare team will be recorded in your medical record and used to provide an evaluation of your current medical condition.
- ❑ We may also provide information to others providing your care or to those who are authorized to have access through the claims process. This will help them stay informed about your care.

#### **For payment:**

- ❑ Information about services performed will be provided to others by OMAC for billing purposes. This information may consist of your IME, tests, or services performed.

### **Our Responsibilities**

We are required to:

- ❑ Keep your protected health information private;
- ❑ Give you this notice;
- ❑ Follow the terms of this notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling (800) 331-6622 and asking for it or by visiting our office to pick one up.

## **To Ask for Help or Voice a Concern**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact: OMAC, 401 Second Avenue South, Suite 110, Seattle, WA 98104. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services.

## **Other Disclosures and Uses of Protected Health Information**

**We may use and disclose your protected health information without your authorization as follows:**

- ❑ **To Comply with Worker' Compensation Law** – if you make a workers' compensation claim.
- ❑ **To Report Suspected Abuse or Neglect** to public authorities.
- ❑ **In the Course of Judicial/Administrative Proceedings at your request**, or as directed by a subpoena or court order.
- ❑ **As the law authorizes or compels us** as part of the claims process.

## **Other Uses and Disclosures of Protected Health Information**

- ❑ Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

## **Web Site**

- ❑ We have a Web site that provides information about us, including the latest copy of this Notice. It can be found here: <http://www.omacime.com>

## **Effective Date**

April 16<sup>th</sup>, 2003