



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW CAREFULLY.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act. (HIPAA). This Notice describes how we may use and disclose your protected health to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information in some cases. Your “protected health information” means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition.

I. Uses and Disclosures of Protected Health Information (PHI)

The practice may use your PHI for purposes of providing treatment, obtaining payment, and conducting health care operations. Your PHI may be used or disclosed only for these purposes unless the Practice has obtained your authorization, or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State law. Disclosures of your PHI for the purpose described in this Notice may be in writing, orally, or by facsimile.

- A. Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your PHI to a pharmacy to fill a prescription, to a laboratory to order a blood test, or to a home health agency that is providing care in your home. We may also disclose PHI to other physicians who may be treating or consulting with your physician with respect to your care. In some cases, we may also disclose your PHI to an outside treatment provider for purposes of the treatment activities of the other provider.
- B. Payment.** Your PHI will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if certain procedures are recommended, we may need to

disclose information to your health insurer to get prior approval for the procedure. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. To get payment for your services, we may also need to disclose your PHI to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

- C. **Operations.** We may use or disclose your PHI as necessary, for our own health care operations to facilitate the function of the practice and to provide quality care to all patients. Health care operations include such activities as:
- Quality assessment and improvement activities.
 - Employee review activities.
 - Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
 - Accreditation, certification, licensing, or credentialing activities.
 - Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
 - Business management and general administrative activities.
- D. **Other uses and Disclosures.** As part of treatment, payment, and Healthcare operations, we may also use or disclose your protected health information for the following purposes:
- To remind you of an appointment...
 - To inform you of potential treatment alternatives or options.
 - To inform you of health-related benefits or services that may be of interest to you.

II. **Uses and Disclosures Beyond Treatment, Payment and Health Care Operations Permitted Without Authorization, or Opportunity to Object**

Federal privacy rules allow us to use or disclose your PHI without your permission or authorization for several reasons including the following:

- A. **When Legally Required.** We will disclose your protected health information when we are required to do so by any Federal, State, or local law.
- B. **When There Are Risks to public Health.** We may disclose your PHI for the following public activities and purposes:
- To prevent, control, or report disease, injury or disability as permitted by law.
 - To report vital events such as birth, death as permitted or required by law.

- To conduct public health surveillance, investigations and interventions as permitted or require by law.
 - To collect or report adverse events and product defects, track FDA regulated products; enable product recalls, repairs, or replacements to the FDA.
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
 - To report to an employer information about an individual who is a member of the workforce as legally permitted or required.
- C. **To Report Abuse, Neglect, Or Domestic Violence.** We may notify Government authorities if we believe that a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.
- D. **To Conduct Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.
- E. **In Connection with Judicial And Administrative Proceedings.** We may disclose your PHI during the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization.
- F. **For Law Enforcement Purposes.** We may disclose PHI to a law enforcement official for law enforcement purposes as follows:
- As required by law for reporting of certain types of wounds or other physical injuries.
 - Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
 - To identifying or locating a suspect, fugitive, material witness or missing person.
 - Under certain limited circumstances when you are the victim of a crime.
 - To law enforcement official if the practice has a suspicion that your death was the result of criminal conduct.
 - In an emergency to report a crime.

- G. **To Coroners, Funeral Directors, and for Organ Donation.** We may disclose PHI to coroner or medical examiner for identification purposes, to determine a cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director as authorized by law, to permit the funeral director to carry their duties. We may disclose such information as reasonable anticipation of death. PHI may be used and disclosed for cadaver organ, eye, or tissue donation purposes.
- H. **For Research Purposes.** We may use or disclose your PHI for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your PHI.
- I. **In the Event of a Serious Threat to Health or Safety.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- J. **For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the practice to use or disclose your PHI to facilitate specified government functions relating to military and veteran activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.
- K. **For Worker's Compensation.** The practice may release your health information to comply with worker's compensation laws or similar programs.
- L. **Business Associates.** Some of our services, such as laboratory tests, are provided through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for the service provided. We require that our business associates protect your health information

III. **Uses and Disclosures Permitted Without Authorization but With Opportunity to Object**

- A. We may disclose your PHI to your family member or a close friend if it is directly relevant to the person's involvement in your care or payment to your care. We can also disclose your information in

connection with trying to locate or notify family members or others involved in your care concerning your location, condition, or death. We may disclose your PHI when you require emergency treatment, when we are required by law to disclose your health information and when we attempt to obtain your consent but are unable to do so because you are unconscious or otherwise incapacitated and we reasonably infer that you would have consented.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described.

IV. Uses and Disclosures Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have acted in reliance upon the authorization.

V. Your Rights

You have the following rights regarding your health information:

A. The right to inspect and copy your protected health information.

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other that your physician and the practice uses for making decisions about you.

Under Federal law, however, you *may not* inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that is likely to cause substantial harm to another person referenced with in the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request addressed to the Privacy Officer. If you request a copy of your

information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

- B. The right to request a restriction or limitations on uses and disclosures of your PHI.** You may ask us not to use or disclose certain parts of your PHI for the purposes of treatment, payment, or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be submitted in writing on the “request for restrictions and limitations” form. It must include the specific restriction requested and to whom you want the restriction to apply.

The practice is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the practice does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Security/Privacy Officer.

- C. The right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to the Security/Privacy Officer.

- D. The right to restrict certain disclosures of PHI to a health plan when you (or any person other than the health plan) pays for treatment out of pocket and in full.**

- E. The right to have your physician amend your PHI.** You may request an amendment of PHI about you in designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal. Requests for amendment must be in writing and submitted to the Security/Privacy Officer. In this written request, you must also provide a reason to support the request for the amendments.

F. The right to receive an accounting of disclosures.

You have the right to request an accounting of certain disclosures of your PHI made by the practice. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing and submitted to our Security/Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time more than six years.

G. The right to receive your PHI in the form or format requested.

- You have the right to receive information electronically as well as in a readable hard copy form.
- Note - PHI requested to be sent to your personal email may pose a security risk.

H. The right to be notified following a reportable breach of unsecured PHI.

VI Our Duties:

The practice is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as maybe amended from time to time. We reserve the right to change the terms of this Notice and make the new Notice provisions effective for all PHI that we maintain. If the practice changes its Notice; we will provide you with a copy.

VII Complaints:

You have the right to express complaints to the practice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may submit your complaint in writing to the Security/Privacy Officer in writing and mailing it to our office. You will not be retaliated against in any way for filing a complaint.