



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 IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information for treatment, payment or our operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your information. “Protected health information” or “your information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to follow our Notice of Privacy Practices (“Notice”) currently in effect, to provide you a copy of this Notice, and to notify you about a breach of your information if your information is affected and it was unsecured. We may change this Notice at any time. A revised Notice will be effective for all protected health information we maintain. Upon your request, we will provide you with a copy of our revised Notice. You may obtain a revised version of our Notice on our website or by calling our office and requesting that a revised copy be mailed to you. You may also request a copy of our revised Notice at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our other health care providers, our office staff and others who are involved in your care and treatment.

Your information may also be used and disclosed to collect payment for our services and to support the operations of our practice.

The following are examples of the types of uses and disclosures of your protected health information that we are permitted to make.

Treatment: We will use and disclose your information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your information, as necessary, to a home health agency that provides care to you. We will also disclose information

to other physicians who may be treating you. For example, your information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your information from time-to-time to another physician or health care provider (*e.g.*, a specialist or laboratory) who, at the request of your physician, becomes involved in your care.

Payment: Your information will be used and disclosed, as needed, to obtain payment for the health care services provided by us or by another provider to you. This may include your health insurance plan determining your eligibility or coverage for insurance benefits and reviewing services provided to you for medical necessity. For example, obtaining approval for a hospital stay may require that your relevant information be disclosed to the health plan to obtain approval of payment for the hospital admission.

Health Care Operations: We may use or disclose, as needed, your information to support the business activities of our practice. These activities include quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

We may share your information with third party “business associates” that perform various activities on our behalf such as billing or transcription services for our practice.

We may use or disclose your information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) in a medical emergency (not on our practice's premises), and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your information if you are an inmate of a correctional facility and your physician created or received your information in the course of providing care to you.

Uses and Disclosures of Information Based upon Your Written Authorization

If we need to use or disclose your health information for purposes other than treatment, payment, health care operations, as required by law, or for a reason not described in this Notice, we will need to obtain an authorization from you. Specific examples where we would need your authorization include if your health information includes psychotherapy notes or if we would receive payment for the information because of its sale or because of a third party's marketing purposes. However, we do not sell health information or provide it to third parties in exchange for payment to us where the information may be used for the third party's own marketing. Our practice also does not create or maintain separate psychotherapy notes.

You may revoke an authorization you provide to us at any time in writing by contacting our Privacy Officer using the contact information in this Notice. Revocation of an authorization will be effective except to the extent we have already taken action in reliance upon your authorization. Revocation of an authorization will not apply if the authorization was obtained as a condition of your obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or contest the policy itself.

If we are paid by a third party to allow it to market its own services or goods to our patients, an authorization from each individual whose information is to be disclosed to the third party will be obtained. The authorization for marketing purposes must state that remuneration has been or will be received by us in exchange for the disclosure of protected health information.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your information. If you are not present or able to agree or object to the use or disclosure of the information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2. YOUR RIGHTS

Following is a statement of your rights concerning your information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your information. You have the right to inspect or obtain a copy (or both) of your health information in our records used to make decisions about you for as long as the information is maintained in the record. You may receive a copy in the form and format you request if the information is readily producible in that form and format. If the information is not readily producible as requested, we may provide a readable hard copy form or another form and format as you and we agree. Reasonable cost-based charges may apply.

You may designate a person to whom you want your information sent. We will honor your request to send your information to another person or entity if you have clearly and specifically provided us that person's contact information in writing. In some limited cases, we may deny your request to access your information. In some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial review process.

You have the right to request a restriction of your information. You have the right to request a restriction on how we use or disclose your information. For most requests, we are not required to agree to your requested restrictions. We are required, however, to agree to a restriction you request if the request is about a disclosure to a health plan for payment or health care operations, the disclosure is not otherwise required by law, and the information only concerns a health care item or service for which you or someone (but not the health plan) on your behalf has paid us in full.

If you request a restriction about how we use or disclose your information, generally, we do not have to agree to the requested restriction. If we do agree, however, we may not use or disclose your information in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information about how payment will be handled or your providing an alternative address or another method of contact. We will not request an explanation from you about your reason for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have us amend your information. This means you may request a change to the information we maintain about you. 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 response to your statement and will provide you with a copy of any response. Please contact our Privacy Officer if you have questions about changing your medical record with us.

You have the right to receive an accounting of certain disclosures we have made, if any, of your information for disclosures other than for purposes of treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (if consistent with federal law) or correctional facilities, or as part of a limited data set disclosure. The right to receive this information is subject to certain limits.

In some circumstances, if we maintain an electronic health record about you, you may have the right to receive an accounting of disclosures, for the last three years, which were made for treatment, payment or healthcare operations purposes.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

You have the right to be notified if your information is subject to a breach. You have the right to be notified by us if your health information is accessed, disclosed or used in violation of federal privacy laws. We will provide you a written notice if (1) your personal health information is not secured according to federal standards, (2) the information is accessed, disclosed, or used in violation of federal laws, and (3) the access, disclosure, or use would compromise the security or privacy of the information. This notification will contain important information about the breach and where you can obtain further information.

3. COMPLAINTS

You may complain to us or to the federal Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer who is our practice manager at (402) 484-5656 for further information about the complaint process.