

## Privacy Notice to Patients

January 1, 2013

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

### POLICY STATEMENT

This Practice is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and care and treatment you receive from this Practice and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your health care operations of this Practice and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

### USE OR DISCLOSURE OF PHI

This Practice may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of our Practice. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

- **Care** - In order to provide care to you, This Practice will provide your PHI to those health care professionals, whether on our practice's staff or not, directly involved in your care so that they may understand your medical condition and needs and provide advice or treatment (e.g. your physician). For example, your physician may need to know how your condition is responding to the treatment provided by This Practice.
- **Payment** - In order to get paid for some or all of the health care provided by this Practice, we may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, This Practice may need to provide your health insurance carrier with information about health care services that you received from the practice so that the practice can be properly reimbursed.

- **Health Care Operations** - In order for our practice to operate in accordance with the applicable law and insurance requirements and in order for the Practice to provide quality and efficient care, it may be necessary for our Practice to compile, use and/or disclose your PHI. For example, our Practice may use your PHI in order to evaluate the performance of the Practice's personnel in providing care to you.

### AUTHORIZATION NOT REQUIRED

Our Practice may use and/or disclose your PHI without a written Authorization from you in the following instances:

1. **De-identified Information** - Your PHI is altered so that it does not identify you and, without your name, cannot be used to identify you.
2. **Business Associate** - To a business associate, which is someone who our Practice contracts with to provide a service necessary for your treatment, payment for your treatment and health care operations (e.g., billing service or transcription service). Our practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.
3. **Personal Representative** - To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. **Public Health Activities** - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury, or disability. This includes reports of child abuse or neglect.
5. **Federal Drug Administration** - If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
6. **Abuse, Neglect or Domestic Violence** - To a government authority if our Practice is required by law to make such disclosure. If our Practice is authorized by law to make such a disclosure, it will do so if it believes the disclosure is necessary to prevent serious harm or if our Practice believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of the law

which may also involve notice to you of the disclosure.

7. **Health Oversight Activates** - Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefits programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
8. **Judicial and Administrative Proceeding** - For example, our Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
9. **Law Enforcement Purposes** - In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Practice; and (6) a medical emergency (not on the Practice's premises) has occurred and it appears that a crime has occurred.
10. **Coroner or Medical Examiner** - The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.
11. **Organ Eye or Tissue Donation** - If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs.
12. **Research** - If the Practice is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by and institutional review board and the requirement that protocols must be followed.
13. **Avert a Threat to Health or Safety** - The practice may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclose is to an individual to is reasonably able to prevent or lessen the threat.

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14. **Specialized Government Functions** - When the appropriate conditions apply, the Practice may use PHI 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 Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The Practice may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.
15. **Inmates** - The Practice may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.
16. **Workers' Compensation** - If you are involved in a Workers' Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
17. **Disaster Relief Efforts** - The Practice may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.
18. **Required by Law** - If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

#### **AUTHORIZATION**

Uses and/or disclosures, other than those described above, will be made only with your written Authorization, which you may revoke at any time.

#### **APPOINTMENT REMINDER**

The Practice may, from time to time, contact you via phone to provide appointment reminders. If you are not available, the Practice will leave a message for you with only a minimal amount of information regarding your upcoming visit.

#### **TREATMENT ALTERNATIVES/BENEFITS**

This Practice may, from time to time, contact you about treat-

ment alternatives, or other health benefits or services that may be of interest to you.

#### **YOUR RIGHTS**

You have the right to:

- Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. You must be specific on the information you request to be limited, and to whom the limits apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.
- Receive confidential communications of PHI by alternative means or at alternative locations. You must make all your requests in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.
- Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. In certain situations that are defined by law, the Practice may deny your request, but you have the right to have the denial reviewed. The practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request.
- Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason, if the information to be amended was not created by the Practice, if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. IF you disagree with the Practice's denial you have the right to submit a written statement of disagreement.

- Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period which may not be longer than six years. The request must indicate in what form you want the list (such as paper or electronic).
- Receive a paper copy of this Privacy Notice from the Practice upon request.
- Complain to the Practice, or to the Secretary of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue, S. W., Room 509F HHH Building, Washington, D.C. 20201. You may contact a regional office which can be found at [www.hhs.gov/ocr/regmail.html](http://www.hhs.gov/ocr/regmail.html). Complaints filed in the office need to be submitted in writing to the Practice's Privacy Officer.

#### **PRACTICE REQUIREMENTS**

The Practice

- Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of the Practice's legal duties and privacy practices with respect to your PHI.
- Is required to abide by the terms of this Privacy Notice.
- Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
- Will not retaliate against you for making a complaint.
- Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.
- Will post this Privacy Notice on the Practice's web site, if the Practice maintains a web site.
- Will provide this Privacy Notice to you by e-mail if you so request. However, you also have the right to obtain a paper copy of this Privacy Notice.