

## 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

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#### Your Health Information Rights

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##### **You may ask to see and get a copy of your health records**

You can ask to see and get a copy of your medical records and other health information. You may not be able to get all of your information in a few special cases. For example, if your doctor decides something in your file.

In most cases, your copies must be given to you within 30 days, but this can be extended for another 30 days if you are given a reason.

You may have to pay for the cost of copying and mailing if you request copies and mailing.

##### **Have corrections added to your health information**

You can ask to change any wrong information in your file or add information to your file if it is incomplete. For example, if you and your doctor agree that your file has the wrong result for a test, the doctor must change it. Even if the doctor believes the test result is correct, you still have the right to have your disagreement noted in your file.

In most cases the file should be changed within 60 days, but the doctor can take an extra 30 days if you are given a reason.

##### **Receive a notice that tells you how your health information is used and shared**

You can learn how your health information is used and shared by your provider or health insurer. They must give you a notice that tells you how they may use and share your health information and how you can exercise your rights. In most cases, you should get this notice on your first visit to a provider or in the mail from your health insurer, and you can ask for a copy at any time.

##### **Decide whether to give your permission before your information can be used or shared for certain purposes**

In general, your health information cannot be given to your employer, used or shared for things like sales calls or advertising, or used or shared for many other purposes unless you give your permission by signing an authorization form. This authorization form must tell you who will get your information and what your information will be used for.

##### **Get a report on when and why your health information was shared.**

Under the law, your health information may be used and shared for a particular reasons, like making sure doctors give good care, making sure nursing homes are clean and safe, reporting when the flu is in your area, or making required reports to the police, such as reporting gunshot wounds. In many cases you can ask for and get a list of who your health information has been given to. You can get this report free once a year. In most cases you should get the report within 60 days, but it can take an extra 30 days if you are given a reason.

##### **Ask to be reached somewhere other than home**

You can make reasonable requests to be contacted at different places or in a different way. For example, you can have the nurse call you at your office instead of your home, or send mail to you in an envelope instead of on a postcard. If sending information to you at home might put you in danger, your health insurer must talk, call or write to you where you ask and in the way you ask, if the request is reasonable.

##### **Ask that your information not be shared**

You can ask your provider or health insurer not to share your health information with certain people, groups or companies. For example, if you go to a clinic, you could ask the doctor not to share your medical record with other doctors or nurses in the clinic. However, they do not have to agree to do what you ask.

##### **File Complaints**

If you believe your information was used or shared in a way that is not allowed the privacy law, or if you were not able to exercise your right, you can file a complaint with your provider or health insurer. The privacy notice you received from them will tell you who to talk to and how to file a complaint. You can also file a complaint with the U.S. Government. Uses and Disclosures of your protected health information

## **Use and Disclosure of Your Protected Health Information:**

**Treatment:** We may use and disclose your health information to health care providers to facilitate follow up and treatment of disease identified by screening and/or lab tests.

**Payment:** We may use and disclose your health information so that preventive services, such as immunizations (i.e. flu shots) can be billed to a third-party payer when possible.

**Health Care Operations:** We may use or disclose your health information to manage and support our office activities such as employee training.

### **Appointment Reminders and Treatment Alternatives:**

We may use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment, or to tell you about or to recommend possible alternative treatments or other health – related benefits or services that may be of interest to you.

**Persons involved in your care:** We may use and disclose to a family member, a close friend, or any other person you identify, your protected health information that is directly relevant to the person's involvement in your care or payment related to your care, unless you object to such disclosure, we may disclose the information as necessary if we determine that it is in your best interest based on our professional judgment.

**Notification:** We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care, of your location, general condition or death.

**Required By Law:** We may use or disclose your health information to the extent that is required by state or federal law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law

**Public Health:** We may disclose your health information to another public health authority that is permitted by law to collect or receive the information. might endanger you or someone else, the doctor may not have to give this information to you.

**Communicable Diseases:** We may disclose your health 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.

**Disaster Relief:** We may use and disclose your protected health 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.

**Food and Drug Administration:** We may disclose your health information to a person or company as required by the Food and Drug Administration.

**Abuse or Neglect:** We may disclose your health information, consistent with applicable federal and state laws, if we believe you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.

**Health Oversight:** We may disclose health information to a health oversight agency for activities authorized by law such as audits, investigations, and inspections.

**Legal Proceedings:** We may disclose health 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), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may also disclose your health information for law enforcement purposes such as legal processes, limited requests for identification and location purposes, pertaining to victims of a crime, or suspicion that death has occurred as a result of criminal conduct. We may also disclose your health information, if it is necessary, for law enforcement authorities to identify or apprehend an individual. You will be notified, as required by law, of any such uses or disclosures.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose your health information to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law.

**Research:** We may disclose your health information to researchers whose research has been approved by an institutional review board.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your health 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.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose health information of individuals who are Armed Forces personnel.

**Inmates:** We may disclose your health information to a correctional institution or a law enforcement official having lawful custody of you.

**To Avert in Serious Threat or Public Health or Safety:** Consistent with applicable laws, if we believe using and disclosing your protected health information is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, we may use and disclose your protected health information if it is necessary for law enforcement to identify or apprehend an individual.

**Written Authorization:** Except as stated in this notice, we will not use or disclose your protected health information without your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have used or disclosed your information in reliance on the authorization.

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

**Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, Section 164, et. seq.

- **Effective May 2008**
- **This is your copy to keep**
- **Please sign and return receipt of Privacy Practices ( Separate form)**