

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.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records your care generated by our organization, whether made by our employees or your physician. Private physician offices may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office.

The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

The following are examples of the types of uses and disclosures of your protected health information that our organization is permitted to make once you have acknowledged receipt of our Notice of Privacy Practices.

For Treatment – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other employees who are involved in taking care of you. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you.

For Payment – We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third-party payer. Unless a restriction is requested, the guarantor/responsible party will have access to information created during the episode of treatment.

For Healthcare Operations – We may use and disclose medical information about you for healthcare operations. These uses and disclosures include, but are not limited to the following: quality assessment and improvement activities; reviews by external agencies for licensure, accreditation, or auditing.

For Other Benefits and Services – We may use or disclose your protected health 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. We may also use and disclose your protected health information for other activities, such as to send you a newsletter about our practice and the services we offer.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use and disclose your protected health information in the following instances:

Individuals Involved in Your Healthcare – We will only disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. You will be asked to provide the names of these individuals. Any individuals you identify that will be receiving information about you over the phone must provide your date of birth and social security number. 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 protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition, or death.

Disaster Relief – Finally, we may use or 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.

Emergencies – We may use or disclose your protected health information in an emergency situation. If this happens, we shall try to obtain your acknowledgement as soon as reasonably practicable after the delivery of treatment.

Communication Barriers – We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and it is determined, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Appointment Reminders – Scheduling – Follow up calls – We may use and disclose health information to contact you as a reminder that you have an appointment, have been referred to schedule a visit, or to follow up with you in a recent visit. We may leave a brief reminder on your answering machine/voicemail system unless you tell us not to.

**OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE
WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law – When required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

Public Health – For public health activities and purposes of controlling disease, injury, disability; reporting births and deaths; and reporting any type of abuse, neglect, or domestic violence. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight – To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections that oversee the health care system, government benefit programs, other government regulatory programs and civil right laws.

Food and Drug Administration – To a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products: to enable product recalls; to make repairs or replacements, or to conduct post-marketing surveillance, as required.

Legal Proceedings – In the course of any judicial or administrative proceeding, in response to a court order or an administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful purposes. Effective Date: 04. "14/03

Law Enforcement – Law enforcement purposes include: identification or location of a suspect, report details of a suspicious death, or other legal processes required by law.

Coroners, Funeral Directors, and Organ Donation – 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 protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue purposes.

Research – 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 protected health information.

Criminal Activity – Consistent with applicable federal and state laws, 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 protected health information of individuals who are Armed Forces personnel: for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health 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 – As authorized to comply with Workers' Compensation laws and other similar legally established programs.

Inmates – If you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

In addition to your rights as a client, we also ask that you respect the rights of other clients by not discussing any information you may see or hear while receiving outpatient treatment. You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy – You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A “designed record set” contains medical and billing records and any other records our organization uses for making decisions about you. Your request must be submitted in writing. A copy of the authorization to request release of information is available from this office. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy based on the federal laws above. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

Right to Amend – This means that if you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our organization.

Your request must be made in writing and submitted to this office. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by our organization;
- Is not part of the information which you would be permitted to inspect and copy (see above); or
- Is accurate and complete.

Right to an Accounting of Disclosures – This means that you have the right to request an “accounting of disclosures.” This is a list of the disclosures we make of medical information about you for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It will also exclude disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes.

To request this list or accounting of disclosures, you must submit your request in writing to this office. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions – This means that you have the right to request a restriction of limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. **WE ARE NOT REQUIRED TO AGREE WITH YOUR REQUEST.**

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to this office. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply (for example, disclosure to your spouse).

Right to Request Confidential Communications – This means that you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. (For example, you can ask that we only contact you at work or by mail.) To request confidential communications, you must make your request in writing to this office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Paper Copy of This Notice – This means that you have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at:

**The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with written permission, if you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provide to you. Please contact our office to revoke your authorization.