

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.

I. Our Duty to Safeguard Your Protected Health Information

We are committed to preserving the privacy and confidentiality of your health information whether created, maintained, or received by us. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. Copies of our privacy policies and procedures are maintained in our office. We are required by state and federal regulations to abide by the privacy practices described in this notice including any future revisions that we may make to the notice as may become necessary or as authorized by law.

Individually identifiable information about your past, present, or future health or condition, the provisions of health care to you, or payment for the health care treatment or services you receive is considered protected health information (PHI). As such, we are required to provide you with this Privacy Notice that contains information regarding our privacy practices that explains how, when and why we may use or disclose your protected health information and your rights and our obligations regarding any such uses or disclosures. Except in specified circumstances, we must use or disclose only the minimum necessary protected health information to accomplish the intended purpose of the use or disclosure of such information.

We reserve the right to change this notice at any time and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future about you. Should we revise/change this Privacy Notice, we will carry a copy with us for your review. You also may request and obtain a copy of any new/revised Privacy Notice from our office.

Should you have questions concerning our Privacy Notices you can contact us at the address at the top of this page.

II. How We May Use and Disclose Your Protected Health Information

We use and disclose protected health information for a variety of reasons. We have a limited right to use and/or disclose your health information for purposes of treatment, payment, or for the operations of our practice. For other uses, you must give us your written authorization to release your protected health information unless the law permits or requires us to make the use or disclosure without your authorization.

The privacy law permits us to make some uses or disclosures of your protected health information without your consent or authorization. The following describes each of the different ways that we may use or disclose your protected health information. Where appropriate, we have included examples of the different types of uses or disclosures. These include:

For Treatment: We may disclose protected health information about you to provide you with medical treatment or services. For example we may release health information about you to nurses, nursing assistants, medication aides/technicians, medical and nursing students, therapists, pharmacists, medical records personnel, consultants, physicians, and others who are involved with your care. This includes also outside entities performing other services relating to your treatment; such as diagnostic laboratories, home health/hospice agencies, family members, etc.

For Payment: We may use or disclose your protected health information to bill and collect payment for services or treatments we provided to you. For example, we may contact your insurance, health plan, or another third party to obtain payment for services we provided to you.

For Health Care Operations: We may use or disclose your protected health information to perform certain functions within our practice should these uses or disclosures become necessary to operate our practice and to ensure that you and others we provide care and services to continue to receive quality care and services. For example, we may take your photograph for identification purposes or use your health information to evaluate the effectiveness of the care and services you are receiving. We may disclose your protected health information to nurses, nursing assistants, physicians, consultants, therapists, etc. for auditing, care planning, treatment, and learning purposes. We may also combine your health information with information from other health care providers to study how or what we can do to improve the care and services we provide to you. When information is combined, we remove all information that would identify you so that others may use the information in developing research on the delivery of health care services without learning your identity.

For Treatment Alternatives, Health-Related Benefits and Services: We may use or disclose your protected health information for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you. For example, a newly released medication, medical device, or treatment that has a direct relationship to your treatment or your medical condition.

III. Uses and Disclosures Requiring Your Written Authorization

For uses and disclosures of your protected health information beyond treatment, payment and operations purposes, we are required to have your written authorization, except as permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing.

Examples of uses or disclosures that would require your written authorization include, but are not limited to, the following: A request to provide your protected health information to an attorney for use in a civil litigation claim. A request to provide certain information to another individual or facility.

IV. Uses or Disclosures of Information Based Upon Your Verbal Agreement

In the following situations, we may disclose a limited amount of your protected health information if we provide you with an advance oral or written notice and you do not object to such release or such release is not otherwise prohibited by law. However, if there is an emergency situation and you are unable to object (because you were not present or you were incapacitated, etc.), disclosure may be made if it is consistent with any prior expressed wishes and disclosure or determined to be in your best interest. You will be informed and given an opportunity to object to further disclosures of such information as soon as you are able to do so.

Your Location: (Applies to nursing home Patients only) We may use or disclose your name, unit or room number, information concerning your general condition, room location and religious affiliation if we are contacted by others and ask for you by name. You may object to the release of this information, but must do so in writing.

Information Disclosed to Family Members, Friends or Others Involved in Your Care: (Applies to nursing home Patients only) We may disclose your protected health information to your family members and friends who are involved in your care or who help pay for your care. You may object to the release of this information.

V. Uses and Disclosures of Information That Do Not Require Your Consent

Disaster Relief: We may disclose your protected health information to a disaster relief organization for the purposes of notifying your family and/or friends about your general condition, location, and/or status. You may object to the release of this information.

Required by Law: We may disclose your protected health information when a federal, state or local law requires that we report information about suspected abuse, neglect, or domestic violence, reporting of certain types of injuries, adverse reactions to medications or injury from a health care product, or in response to a court order or subpoena.

Public Health Activities: We may disclose your protected health information when we are required to collect information about diseases or injuries (e.g., your exposure to a disease or your risk for spreading or contracting a communicable disease or condition, product recalls, or to report vital statistics to the public health authority).

Health Oversight Activities: We may disclose your protected health information to health oversight agencies as authorized by law such as the licensing of doctors or to other agencies responsible for monitoring the health care system including monitoring, audits, civil, administrative, criminal investigations or proceedings, disciplinary actions, or other authorized activities.

Medical Examiners, Coroner, Funeral Directors, Organ Procurement Organizations: We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your health information to a funeral director for the purposes of carrying out your wishes and/or for the funeral director to perform his/her necessary duties. If you are an organ donor, we may disclose your protected health information to the organization that will handle your organ, eye or tissue donation for the purposes of facilitating your organ or tissue donation or transplantation.

For Research and Teaching/Continuing Education Purposes: We may disclose your protected health information for health related research or teaching/continuing education. If it becomes necessary to use or disclose information about you that could be used to identify you by name, we will obtain your written authorization before using your information.

For Serious Threat to Health or Safety: We may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

For Specific Government Functions: We may disclose protected health information of military personnel and veterans, when requested by military command authorities, to authorized federal authorities for the purposes of intelligence, counterintelligence, and other national security activities, or to correctional institutions.

VI. Your Right Regarding Your Protected Health Information

To Request Restrictions on Uses and Disclosures of Your Protected Health Information: You have the right to request that we limit how we use or disclose your protected health information for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care or services. For example, you could request that we not disclose to family members or friends information about a medical treatment you received. Such a request must be done in writing. We are not required to agree to your restriction request. However, should we agree, we will comply with your request not to release such information unless the information is needed to provide emergency care or treatment to you.

The Right to Inspect and Copy Your Medical and Billing Records: You have the right to inspect and copy your health information, such as your medical and billing records that we use to make decisions about your care and services. In order to inspect and/or copy your health information, you must submit a written request to us. If you request a copy of your medical information, we may charge you a reasonable fee for the paper, labor, mailing, and/or retrieval costs involved in filing your requests. We will provide you with information concerning the cost of copying your health information prior to performing such service.

The Right to Amend or Correct Your Health Information: You have the right to request that your health information be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such requests of us for as long as we maintain/retain your health information. Your requests must be submitted to us in writing. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed.

The Right to Request Confidential Communications: You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you may request that we not send any health information about you to a family member's address. We will agree to your request as long as it is reasonably easy for us to do so. You are not required to reveal nor will we ask the reason for your request. Your request must be submitted to us in writing and must indicate your wishes.

The Right to Request an Accounting of Disclosures of Protected Health Information: You have the right to request that we provide you with a listing of when, to whom, for what purpose, and what content of your protected health information we have released over a specified period of time. This accounting will not include any information we have made for the purposes of treatment, payment, or health care operations or information released to you, your family, or the facility directory, disclosures made for national security purposes, or any releases pursuant to your authorization. Your request must be submitted to us in writing and must indicate the time period for which you wish the information. Your request may not include releases for more than six (6) years **prior** to the date of your request and may not include releases **prior** to February 1, 2008. 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.

The Right to Receive a Paper Copy of This Notice: You have the right and you may request a paper copy of this notice at anytime.

VII. How to File a Complaint About Our Privacy Practices

If you have reason to believe that we have violated your privacy rights, violated our privacy policies and procedures, or you disagree with a decision we made concerning access to your protected health information, etc., you have the right to file a complaint with us or the Secretary of the Department of Health and Human Services. Complaints may be filed without fear of retaliation in any form.

The name, address, and telephone number to whom you may file your complaint, request forms, request a copy of this Privacy Notice, or direct any questions is listed on the top of these pages.