



Notice of Privacy Practices

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

Understanding Your Health Record/Information

Each time you visit a doctor, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical records
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can access and continually work to improve the care we render and the outcomes we achieve
- Understanding what is in your record and how your health information is used helps you to ensure its accuracy
- Better understand who, what, where and why others may access your health information make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR
- Amend your health record as provided by 45 CFR
- Obtain an accounting of disclosures of your health information as provided in 45 CFR
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and keep about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have any questions and would like additional information you may contact us. If you believe your privacy rights have been violated, and have not been able to resolve it with our staff you can file a complaint with the Director of Health Information Management or with the Secretary of State. There will be no retaliation for filing a complaint.



Examples of Disclosures for Treatment, Payment and Health Operations

- *We will use your health information for treatment.* For example: Information obtained by a nurse, doctor or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your doctor will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the doctor will know how you are responding to treatment.
- *We will also provide your doctor or subsequent provider with copies of various reports that should assist him/her in treating you.*
- *We will use your health information for payment.* For example: a bill may be sent to you or a third party payer. The information in or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.
- *We will use your health information for payment.* For example: members of the staff the risk or quality improvement manager or member so the quality improvement team may use information in your record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Uses of Disclosures

Business Associates: These are some services provided to our organization through contacts with business associates. When their services are contracted we may disclose your information to our business associate so they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Front Desk Sign-In for Your Appointment: Unless you notify us that you object, we acknowledge your appointment by:

- Sign-in sheets and announcing your name to call you back
- Telephone: We call your home via an automated telephone attendant to remind you of your appointment. Unless you tell us that you object, we may also leave messages on your answer machine or your upcoming appointments and other general healthcare operations.
- Mail: We may mail letters/postcards to tell you it is time for you to make another appointment.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, worker or the public.

Please notify us of objections you may have to certain ways we MAU use your protected health information. If your objection is reasonable and permitted by law, we will do our best to comply with it. If we cannot, by law or for any other reason comply with your request, we will notify you in writing.

Thank you for your confidence in our practice.