



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we will maintain the privacy of your health information and how we may disclose your PHI.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operation.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a treatment.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. Examples of this would be new patient survey cards and appointment reminders.

The practice may also be required or permitted to disclose your PHI for special situations other than noted above subject to legal requirements and limitations. The list below provides some examples of special situations.

- Serious Threat to Health and Safety – We may use and disclose your PHI in order to avert a serious threat to your health or safety or to that of others.
- Public Health Risks – We may use and disclose your PHI to public health or legal authorities in order to prevent or control disease, injury or disability.
- Abuse and Neglect – We may use and disclose your PHI to public health or legal authorities in order to report births, deaths, or suspected abuse or neglect.
- As Required by Law – We will disclose your PHI as required by federal, state or local laws
- Law Enforcement – We may use and disclose your PHI if asked to so do by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.
- Judicial/Administrative Proceeds – We may use and disclose your PHI if in response to a court order, administrative order, or subpoena if you are involved in a lawsuit, legal dispute, or other judicial/administrative proceedings.
- Workers Compensation - If you are seeking compensation through Workers compensation, we may disclose your PHI to the extent necessary to comply with laws regarding Workers Compensation.



- Organ and Tissue Donation - we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purposes of tissue donation and transplant.
- Coroners, Medical Examiners and Funeral Directors – We may disclose your PHI in the event of your death to a coroner, medical examiner or funeral director as applicable by law.
- Research – We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals your identity.
- For Specialized Governmental Functions – We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to assistance program personnel.
- Health Oversight Activities – We may disclose PHI to a health oversight agency for audits, investigations, inspections or licensing purposes.
- Correctional Institutions – If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.
- Communication with Family or Friends – We may disclose PHI to your family or friends with your verbal consent or if you are given the opportunity to object and do not do so. We may also, using our professional judgment, disclose information to them if we can reasonably infer that you would not object. Such as when you bring your significant other into the exam room with you. Additionally, in situations in which you are not capable of giving consent, we may, using our professional judgment, disclose PHI to a family member or close friend if we decide it is in your best interest. We may also use our professional judgment to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, prescriptions or medical supplies.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone, text, email, or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to your PHI.

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you.



- We are not required to agree to such a request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
 - Your request for amendment should be in written form on a Medical Record Amendment Form which is available at your request. We may deny your request if it is not in written form, does not include a reason for the request, or if you request that we amend information that is accurate and complete.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket", in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

From time to time the terms of this notice may change and those changes will apply to all your PHI. The new notice will always be available upon request, in our office, and on our website.

Feel free to contact the Compliance Officer, Curtis Stennett MD at the number listed below for more information.