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NOTICE OF PRIVACY PRACTICES

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

This notice tells you about the ways in which this medical practice may collect, use and disclose your protected health information and your rights concerning your protected health information. "Protected Health Information" is information about you, including demographic information, that can reasonably be used to identify you and that relates to you past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required by federal and state laws to provide you with this notice about your rights and out legal duties and privacy practices with respect to your protected health information. We must follow the terms of this notice while it is in effect. Some of the uses and disclosures described in this notice may be limited in certain cases by applicable state laws that are more stringent that the federal standards.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH

INFORMATION- We may use and disclose your protected health information for different purposes. The examples below are provided to illustrate the types of uses and disclosures we may make without your authorization for payment, health care operations and treatment.

- ❖ **PAYMENT-** We use and disclose your protected health information in order to pay for you covered health expenses. For example, we may use your protected health information to process claims or be reimbursed by another insurer that may be responsible for payment.
- ❖ **HEALTH CARE OPERATIONS-** We use and disclose your protected health information in order to administer your medical care. An example of these activities includes quality assurance, data managements and customer service, as well as disclosure for underwriting purposes.
- ❖ **PLAN SPONSOR-** If you are enrolled in a medical plan administered by a group health plan, we may provide summaries of services and benefits that you have received as an enrollee in a group health plan to the plan sponsor, who is usually

the employer.

- ❖ ENROLLED DEPENDENTS AND FAMILY MEMBERS- We may mail benefit information and other mailings containing protected health information to the address we have on record for the enrollee of the medical plan.

OTHER PERMITTED OR REQUIRED DISCLOSURES

- ❖ AS REQUIRED BY LAW- We must disclose protected health information about you when required to do so by law.
- ❖ PUBLIC HEALTH ACTIVITIES- We may disclose protected health information to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- ❖ VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE- We may disclose protected health information to government agencies about abuse, neglect or domestic violence.
- ❖ HEALTH OVERSIGHT ACTIVITIES- We may disclose protected health information to government oversight agencies (e.g., state insurance departments) for activities authorized by law.
- ❖ JUDICIAL AND ADMINISTRATIVE PROCEEDINGS- We may disclose protected health information in response to a court of administrative order. We may also disclose protected health information about you in certain cases to a subpoena, discovery request or other lawful process.
- ❖ LAW ENFORCEMENT- We may disclose protected health information under limited circumstances to law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- ❖ SPECIAL GOVERNMENT FUNCTIONS- We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- ❖ WORKERS COMPENSATIONS- We may disclose protected health information to the extent necessary to comply with state law for Workers' Compensation programs.

Other uses or disclosures of your protected health information will be made only with your written authorization. You may revoke an authorization at any time in writing; except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under your medical plan.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION-
You have certain rights regarding you protected health information that this medical

practice maintains about you.

- ❖ **RIGHT TO ACCESS YOUR PROTECTED HEALTH INFORMATION-** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment and claims records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. We may charge a fee for the cost of producing, copying and mailing your requested information, but we will tell you the cost in advance.
- ❖ **RIGHT TO AMEND YOUR PROTECTED HEALTH INFORMATION-** If you feel that protected health information maintained by the medical practice is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by this medical practice or you ask to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that amendment.
- ❖ **RIGHT TO ACCOUNTING OF DISCLOSURES-** You have a right to request an accounting of disclosures of your protected health information made by this medical practice. Your request must be in writing and state the period of time for which you want the accounting. The requested period of time may not be longer than six (6) years prior to the date of the request. The list will not include disclosures to carry out treatment, payment, and health care operations and to individuals about themselves, and disclosures made before the Privacy Rules compliance date (April 14, 2003).
- ❖ **RIGHT TO REQUEST A RESTRICTION ON USES & DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION-** You have the right to request a restriction on the uses and disclosures of your protected health information that pertains to treatment, payment, & health care operations and/or to request a restriction of disclosure to a family member, other relative, or a close personal friend. We may not agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want restrictions to apply.
- ❖ **RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS-** You have the right to request that we use a certain method to communicate with you about the medical practice or that we send information to a certain location in the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. We will accommodate all reasonable requests. Your request must specify how or

where you wish to be contacted.

- ❖ RIGHT TO A PAPER COPY OF THIS NOTICE- You have a right at any time to request a paper copy of this notice.

HEALTH INFORMATION SECURITY- This medical practice requires its employees to follow security policies and procedures that limit access to health information about patients to those employees who need it to perform their job responsibilities. In addition we maintain physical, administrative and technical security measures to safeguard your protected health information.

CHANGES TO THIS NOTICE- We reserve the right to change the terms of this notice at any time, effective for protected health information that we already have about you as well as any information that we receive in the future. We will provide you with a copy of the new notice whenever we make a material change to the privacy practices described in this notice. We will post a copy of our current notice. Any time we make a material change to this notice, we will promptly revise and issue the new notice with the new effective date.

COMPLAINTS- If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. All complaints to the medical practice must be made in writing and sent to the privacy officer. We support your right to protect the privacy of your protected health information. We will not retaliate against you or penalize you for filing a complaint.

Written acknowledgement of NOTICE OF PRIVACY PRACTICE, Effective Date 04-14-2003

_____ Date: _____