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FORM C-36

EFFECTIVE DATE: APRIL 14, 2003

## 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.**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires 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, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

### **Our Privacy Obligations**

We are required by law to maintain the privacy of your **Protected Health Information (or "PHI")**. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. You may request a copy of our notice at any time.

### **Uses and Disclosures Without Your Written Authorization**

We will use and disclose your protected health information about you for treatment, payment, and health care operations. Following are examples of the type of uses and disclosures of your protected health care information that may occur.

- **Treatment.** We use and disclose PHI to provide treatment and other services to you--for example, to diagnose and treat your injury or illness. In addition, 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. We may also disclose PHI to other providers involved in your treatment.
- **Payment.** We may use and disclose PHI to obtain payment for services that we provide to you--for example, to obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("Your Payor"), or to verify that Your Payor will pay for health care.

- **Health Care Operations.** We may use and or disclose, as needed, your PHI in order to conduct certain business and operational activities, which may include internal administration and planning and various activities that improve the quality and cost-effectiveness of the care that we deliver to you and for conducting training programs in which students, trainers, or practitioners in areas of health care learn, under supervision, to practice or improve their skills as health care providers.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your PHI, as necessary, to contact you by telephone or mail to remind you of your appointment. We may disclose PHI to our Privacy Official in order to resolve any complaints you may have and ensure that you have a pleasant visit with us. We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

**Disclosure to Relatives, Close Friends and Other Caregivers.** We may use or disclose PHI to a family member, other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. In efforts to obtain payment, the Practice will release billing information to the guarantor, spouse, or custodial parent after requesting appropriate identification. If you object to such uses or disclosures, please notify the Privacy Official. If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your healthcare or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

- **Public Health Activities.** We may disclose PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability, (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports, (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration, (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

- **Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

- **Health Oversight Activities.** We may disclose PHI to a health oversight agency that oversees the health care system and is charged with the responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- **Judicial and Administrative Proceedings.** We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- **Law Enforcement Officials.** We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
- **Decedents.** We may disclose PHI to a coroner or medical examiner as authorized by law.
- **Organ and Tissue Procurement.** We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
- **Research.** We may use or disclose PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.
- **Health or Safety.** We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- **Specialized Government Functions.** We may use and disclose PHI to units of the government with special functions, such as the U.S. Military or the U.S. Department of State under certain circumstances required by law.
- **Workers' Compensation.** We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

\*As required by law. We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

### **Use and Disclosures Requiring Your Written Authorization**

You may give us written authorization to use your PHI or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. For instance, you will need to execute an authorization form before we can disclose PHI to your school's or college's athletic director, athletic trainer, or coach, to your life insurance company, to your child's camp or school, or to the attorney representing the other party in litigation in which you are involved.

**Marketing Communications.** We may use your PHI to contact you with information about treatment alternatives that may be of interest to you. We may disclose your PHI to a business associate to assist in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us, or using the contact information listed at the end of this notice

**Uses and Disclosures of Your Highly Confidential Information.** In addition, federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that: (1) is maintained in psychotherapy notes, (2) is about mental health treatment, (3) is about alcohol and drug abuse prevention, treatment and referral, or (4) is about

certain communicable diseases such as HIV/AIDS, hepatitis, and gonorrhea. For example, we will not release such Highly Confidential Information in response to a Subpoena, but will follow state and federal requirements to provide you with notice and/or seek a court review of the request for your records. In the case of certain dangerous communicable diseases, state law requires us to report that data to the State Department of Health. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

### **Accounting of Disclosure**

You have the right to receive a list of instances in which we or our business associates disclose your PHI for purposes other than treatment, payment, health care operations and certain other activities after April 14, 2003. After April 14<sup>th</sup>, 2009, the accounting will be provided for the past six years. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee schedule.

### **Restriction Requests**

You have the right to request that we place additional restrictions on our use of disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

### **Confidential Communication**

You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payment from you.

### **Amendment**

You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request, if we did not create the information you want amended 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 to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosures of that information.

**Your Individual Rights**

You have the right to look at or get copies of your PHI, with limited exceptions. You must make a request in writing to the contact person listed herein to obtain access to your PHI. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$\_\_\_ for each page. If you prefer, we will prepare a summary or an explanation of your PHI for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.