

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.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of Protected Health Information (PHI)
- Give you this notice of our legal duties and privacy practices regarding your PHI
- Follow the terms of this notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describe the ways we may use and disclose Protected Health Information (PHI) that identifies you.

- **For Treatment:** We may use and disclose PHI for your treatment and to provide you with treatment-related health care services.
- **For Payment:** We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services we provide to you.
- **For Health Care Operations:** We may use and disclose PHI for health care operations and practice management.
- **Appointment Reminders, Treatment Alternatives & Health Related Benefits:** We may use and disclose PHI to contact you to remind you of appointments with us or to inform you of treatment alternatives or other health-related benefits.
- **Research:** Under certain circumstances, we may use and disclose PHI for research.
- **As Required by Law:** We will disclose PHI when required to do so by international, federal, state or local law enforcement.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person including abuse & neglect. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **Business Associates:** We may disclose PHI to our business associates that perform functions or services on our behalf if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your PHI and are not allowed to use or disclose any information other than as specified.
- **Organ and Tissue Donation:** If you are an organ donor, we may use or release PHI to organizations that handle organ procurement, banking or transport.
- **Military and Veterans:** If you are a member of the armed forces, we may release PHI as required by military command authorities.
- **Workers' Compensation:** We may release PHI for workers' compensation or similar programs.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law including, for example, audits, investigations, inspections, and licensure.
- **Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.
- **Lawsuits and Disputes:** We may disclose PHI in response to a court or administrative order.
- **Coroners, Medical Examiners and Funeral Directors:** We may release PHI to a coroner, medical examiner or funeral director.
- **National Security and Intelligence Activities:** We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official.

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USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND/OR OPT-OUT:

- **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care.
- **Disaster Relief:** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

The use and disclosure of your PHI will be made only with your written authorization for marketing purposes or for disclosures that constitute a sale of your PHI. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If an authorization is given, you may revoke it at any time by submitting a written revocation to our clinic Administrator and we will no longer disclose PHI under the authorization. Disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI):

- **Right to Inspect and Copy:** You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy your record, you must make your request, in writing, to our clinic Administrator. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs associated with your request.
- **Right to an Electronic Copy of Electronic Medical Record:** If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the format you request, if it is readily producible in such format. We may charge you a reasonable fee for the costs associated with your request.
- **Right to Get Notice of a Breach:** You have the right to be notified upon an unauthorized breach of any of your PHI.
- **Right to Amend:** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to our clinic Administrator. We are not required to agree to the amendment and will provide appropriate information should your request be denied.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of your PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the clinic Administrator.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. To request a restriction, you must make your request, in writing, to the clinic Administrator.
- **Out-of-Pocket-Payments:** If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request, in writing, to the clinic Administrator. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice at any time applicable to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office at all times.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services Office of Civil Rights. To file a complaint with our office, contact Annette Maples (501) 664-5354. **You will not be penalized for filing a complaint.** For more information on HIPAA privacy requirements, please visit www.hhs.gov/ocr.