

Privacy Notice

Effective Date _____

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.

_____ is required to maintain the privacy of your health information (Protected Health Information) or PHI. This notice is required to inform you of our legal duties, your rights and our privacy practices regarding PHI under the law. We are required to abide by the terms of this notice that is currently in effect. This notice describes the ways we can use your PHI and disclose it to others.

Treatment, Payment & Health Care Operations

We can typically use your PHI for medically treating you, paying claims and health care operations without your written permission. Here are some examples:

Treatment

This could include oral and written information we receive about you to aid in medically treating you—by us and by other health care providers. We may give your information to other health care providers (including hospitals, dispatch centers, etc.) to help them in treating you; this can be by phone, radio or in writing.

Payment

This might be any information we need to utilize or submit to others to be reimbursed for the services we provide to you. This includes submitting bills to insurance companies, managing claims, working with 3rd party billing operations, utilization review or medical necessity processes and collection procedures.

Health Care Operations

This includes any internal operations that insure you receive quality and professional care, including training, quality control processes, audits, credentialing, etc. Other health care operations may include business planning, discussions with legal services and any other processes internal to our business.

Fundraising/ Subscriptions/ Marketing/ Reminders

You may be contacted when we need to raise funds or to tell you about our subscription program. We may also contact you to tell you about other services we provide or that we think you may be interested in. We may contact you to remind you of a scheduled, non-emergency appointment.

Use/ Disclosure of PHI without Your Authorization

We can use or disclose your PHI without your authorization or right to object for the following:

Treatment, Payment, Operations, as discussed above	Legal compliance or healthcare fraud & abuse detection
Treatment by another health care provider	To public health authorities: reporting births, deaths, etc. as required by law
Payment to another health care provider	To governmental authorities: reporting abuse or neglect, product defects, etc.
Healthcare operations of another health care provider—if it has a relationship with you and your PHI is part of that relationship	Notification to individuals about exposure to communicable disease as required by law
As ordered by a court order, subpoena, etc.	For law enforcement activity
For military, national defense or governmental security purposes	In accordance with workers compensation laws
To coroners, funeral directors, etc. in functioning in their roles with deceased individuals	To organ donation organizations if you are a donor
For research projects	We may use or disclose information that does not personally identify you
To a family member, friend or other close person involved in your care if we allow you to verbally object and you do not do so.	To a family member, friend or other close person involved with your care if we believe it is in your best interest to disclose that information.

Any other use or disclosure of your PHI other than described above will only be done by your written authorization that identifies what information is to be used or disclosed, how it is to be used and the timeframe authorized. You also have the right to cancel your authorization in writing for any use or disclosure we have not already made under an existing authorization.

Patient Rights:

Restrictions

You can request that we restrict how we use and disclose your PHI for treatment, payment or healthcare operations or to restrict the information given to family, friends or other individuals. However, if you request a restriction and that information is needed to give you emergency care, then we may use or disclose the information to a health care provider to treat you in the emergency situation. We are not required to agree to any restrictions you request; however, any restrictions we agree to are binding on us.

Access, Inspect & Copy

You may come to our office to inspect or copy most of the medical information we have on file about you. In most cases, we will provide you access to this information within 30 days of your request. We may charge you a fee to copy this information. In a few cases, we may deny you access to certain information and

you may have the right to appeal this denial of access. There are forms available for you to request access to your information and if we deny you access, it will be done in writing and inform you what your appeal rights are. Please notify the Privacy Officer described at the end of this notice if you are interested in inspecting or copying you medical information.

Amend

You can ask us to amend written medical information we have about you. We will usually amend your information within 60 days of your request and we will let you know once we have amended it. We can deny your request to amend the information in certain cases, such as if we think the information about you is correct. Please notify the Privacy Officer if you are interested in amending your information.

Accounting

You can request an accounting from us of some disclosures of your medical information that we have made within the last 6 years of your request. We do not have to give you an accounting of any disclosures or uses for treatment, payment or health care operations. Also, we do not have to provide an accounting for any disclosures made to business associates, such as billing companies, legal firms or hospitals with whom we work. We do not have to account for any uses or disclosures of PHI for which you have given us a written authorization. If you would like to request an accounting of uses or disclosures of your PHI, please contact the Privacy Officer.

Even if you agree to receive this notice electronically, you have the right to request and receive a paper copy. We will post a copy of the notice on our website if we have one.

We reserve the right to change this notice at any time and the changes will be effective immediately and will apply to all PHI we maintain at that time. We will post the latest version of this notice at our facility and at our website if we have one. Notify the Privacy Officer for the latest version of this notice.

You have the right to complain to us or to the Secretary of the US Department of Health and Human Services if you think your privacy rights have been violated in any way. We will not retaliate against you if you complain. If you have any questions, concerns or complaints, please notify:

_____ Privacy Officer
_____ Address
_____ Phone
_____ email