

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed, as well as your access to this information. Please review this notice carefully.

Practice is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health information.” We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please let us know

Understanding Your Health Record and Information

Each time you are seen by our Practice, a record of your care is made that contains health and financial information. Typically, this record contains information about your condition, the treatment we provide, and payment for these services. We may use and/or disclose this information in order to:

- Plan your care and treatment
- Communicate with other health professionals involved in your care
- Document the care you receive
- Educate health professionals
- Provide information for medical research
- Provide information to public health officials
- Evaluate and improve the care we provide
- Obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- Ensure it is accurate
- Better understand who may access your health information
- Make more informed decisions when authorizing disclosure to others

How We May Use and Disclose Your PHI

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of these categories.

For Treatment. We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other Practice personnel who are involved in taking care of you. For example, a doctor treating you for hypertension may need to know if you have diabetes because diabetes may slow the healing process. We may also share health information about you in order to coordinate your care and provide you with medication, lab work, and x-rays. We may also disclose health information about you to people outside the Practice who may be involved in your medical care. This may include referrals to specialists or other healthcare

providers, imaging or other diagnostic services providers, or your family members or care givers.

For Payment. We may use and disclose health information about you so that the treatment and services you receive may be billed to you, an insurance company, or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all patients receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many patients to help determine what additional services we should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services, and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Practice including resolution of internal grievances, customer service, and due diligence in connection with a sale or transfer of the Practice. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of patients.

Other Allowable Uses of Your Health Information

Affiliate Providers. Some services may be provided to you by our affiliate providers. If so, we may use or disclose your health information to them to enhance your care.

As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

Business Associates. There are some services provided in our Practice through contracts with business associates. Examples include our electronic health record provider, medical supply vendors, and our attorney. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Coroners, Medical Examiners and Funeral Directors. We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased

person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort.

Law Enforcement. We may disclose health information when requested by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at the Practice
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

Marketing Activities We may use health information about you to help develop our marketing activities.

Military and Veterans. If you are, or were, a member of the armed forces, we may disclose health information about you as required by military authorities or agencies. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Organ and Tissue Donation If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.

Reminders and Health-Related Benefits & Services. We may contact you to provide appointment reminders or other health-related benefits and services that may be of interest to you.

Reporting. Federal and state laws may require or permit the Practice to disclose certain health information.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Public Health Risks. We may disclose health information about you for public health purposes, including:

- Prevention or control of disease, injury or disability
- Reporting births and deaths
- Reporting child abuse or neglect
- Reporting reactions to medications or problems with products
- Notifying people of recalls of products
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave the Practice.

Threats to Health or Safety. We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Treatment Alternatives. We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

Workers' Compensation We may disclose health information about you for workers' compensation or similar programs.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your authorization. You understand that we are unable

to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Health Information About You

Although your health record is the property of the Practice, the information belongs to you. You have the following rights regarding your health information:

Accounting of Disclosures You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations. You must submit your request in writing and Your request must state a time period, not longer than seven (7) years from the date of the request. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Amendments. If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Practice. You must submit your request in writing and you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for the Practice
- Is accurate and complete

Copies of Your Health Records. With some exceptions, you have the right to review and copy your health information. You must submit your request in writing and we may charge a fee for the costs of copying, mailing or other costs associated with your request.

Copy of this Notice. You have the right to a paper copy of this Notice of Privacy Practices, even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

Right to Request Alternate Communications. You have the right to request that we communicate with you about medical matters in a confidential manner or using a specific method. For example, you may ask that we only contact you via e-mail. You must submit your request in writing and Your request must specify how you wish to be contacted and we will accommodate all reasonable requests.

Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend. However, we are not required to agree to your request. If we do

agree, we will comply with your request unless the information is needed to provide you with urgent or emergency treatment. You must submit your request in writing and Your request must indicate:

- What information you want to limit
- Whether you want to limit our use, disclosure or both
- To whom you want the limits to apply, for example, disclosures to your spouse.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will make a copy of any revised Notice available in our office, on our website, or both.

Complaints

If you believe your privacy rights have been infringed, we want to know and we want to make it right. If you believe this is the case, please immediately notify us. You will not be penalized in any way for filing a complaint.

Name:

Relation to Patient (if signed by legal representative):

Date: