

# PROVIDER NOTICE OF PRIVACY PRACTICES

## 1. Uses and disclosures of Protected Health Information

Following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health insurance company to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose as needed, your protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.

**Business Associates:** We will share your protected health information with third party 'business associates' that perform various activities (e.g., billing, transcription services). Whenever an arrangement between us and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Marketing:** We may use or disclose certain health information in the course of providing you with information about treatment alternatives, health related services, or fund-raising. You may contact us to request that these materials not be sent to you.

**Written Authorization:** Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing.

**Opportunity to Object:** We may use your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may using professional judgment, determine whether the disclosure is in your best interest.

**Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly related to that person's involvement in your health care.

**Emergencies:** In an emergency treatment situation, your provider shall try to provide you a Notice of Privacy Practices as soon as a reasonably practicable after the delivery of treatment.

**Communication Barriers:** We may use and disclose your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you would agree.

**Public Health:** for public health purposes to public health authority or to a person who is at risk of contracting or spreading your disease.

**Without Opportunity to Object:** We may use or disclose your protected health information in the following situations without your authorization or opportunity to object.

**Health Oversight:** to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse or Neglect:** to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

**Cont'd**

**Food and Drug Administration:** as required by the Food and Drug Administration to track products

**Legal Proceedings:** in the course of legal proceeding.

**Law Enforcement:** for law enforcement purposes, such as pertaining to victims of a crime or prevents a crime.

**Coroner, Funeral Directors, and Organ Donation:** for the coroner, medical examiner, for funeral director to perform duties authorized by law and for organ donation purposes.

**Research:** to researchers when their research has been approved by an Institutional Review Board.

**Soldiers, Inmates, and National Security:** to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving National Security may also necessitate sharing protected health information.

**Worker' Compensation:** to comply with worker's compensations laws.

**Compliance:** to the Department of Health and Human Services to investigate our compliance. In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

## 2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights

- You have the right to inspect and copy your protected health information. However, we may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.
- You have the right to request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operation. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.
- You may have the right to have your provider amend your protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.
- You have the right to receive an accounting of certain disclosures we may have made. The right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification information is subject to certain exceptions, restrictions and limitations.
- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.