

Lawrence County Family Medicine, PC
Notice of Privacy Practices

This notice describes how medical information about you may be used and discloses how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact our Privacy Contact: Anne M. Thorman.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change our notice, at any time. The new notice will be effective for all protected health information we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy Practices by calling the office requesting that a revised copy be sent to you in the mail or asking for one at the time of your appointment.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.

You will be asked by your physician to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operation by signing the consent form, your physician will use or disclose your protected health information described in this Section 1. Your protected health information may be used and disclosed by the physician, our office staff and others outside of our office that are involved in your care and for the purpose of providing health care services to you. Your protected health information may be used and disclosed to pay your health care bills and to support the operation of the physician's procedures.

Following are examples of the type of uses and disclosures of your protected health care information that the physician's office is permitted to make once you have signed our consent form. They are not meant to be exhaustive, but to describe the types of uses and disclosures that may come to our office once you have provided consent.

Treatment: We will use and disclose your protected health information to provide, coordination of your health care and any related services. This includes the coordination or management of care with a third party that has already obtained your permission to have access to your protected information. For example, we would disclose your protected health information, as necessary to a health agency that provides care to you. We will also disclose protected health information to physicians who may be treating you when we have the necessary permission from you. For example, your protected health information may be provided to physicians to whom you have been referred, to ensure that the physician has the necessary diagnosis to treat you.

In addition, we may disclose your protected health information from time to time to another health care provider (e.g., a specialist or laboratory) who, at the request of your physician, may be involved in your care by providing assistance with your health care, diagnosis or treatment to the physician.

Payment: Your protected health information will be used, as needed, to obtain payment for healthcare services. This may include certain activities that your health insurance plan may underwrite, approves, or pays for the health care services we recommend for

you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical care and undertaking utilization review activities. For example, obtaining approval for a hospital admission may require that your relevant protected health information be disclosed to the health plan to obtain authorization for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information to support the business activities of your physician's practice. These activities include but are not limited to quality assessment activities, employee review activities, training of medical students, licensed marketing and fundraising activities, and conducting or arranging for other business activities .

For example we may disclose your protected health information to medical students seeing patients at our office. In addition, we may use a sign-in sheet at the registration desk where you are asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may also use or disclose your protected health information as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform certain activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between the office 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.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of information. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe will be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

We may use or disclose your demographic information and dates that you received treatment by your physician, as necessary, in order to contact you for fundraising activities supported by them. If you do not want to receive these materials, please contact our Privacy Contact and request that fundraising materials not be sent to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization.

Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below. You may give authorization, at any time, in writing, except to the extent that your physician has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent or Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this

case, only the protected health information that is relevant to your health care will be disclosed.

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 relates to that person's involvement in your health care. If you are unable to agree or object to the disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts or coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment, if your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to. Regardless of the consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: We may use and disclose your protected information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without consent or authorization. These situations include:

Required Law: We may use or disclose your protected health information to the extent that the disclosure is required by law. The use or disclosure will be made in compliance with the law but limited to the relevant requirements of the law. You will be notified, as required by law, of all consents or disclosures.

Public Health: We may disclose your protected health information for public health activation purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies requesting this information include government agencies that oversee the health care system, government programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health agency authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information if we believe that you have been a victim of abuse, neglect or domestic violence to a governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a particular company required by the Food and Drug Administration to report adverse events, product problems, biologic product deviations, track products; to enable product recalls; to make required replacements, or to conduct post marketing surveillance, as required.

Legal Proceeding: We may disclose protected health information in the course of any judicial administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery, or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law (2) limited information requests for identification purposes, (3) pertaining to victims of crime, (4) suspicion that death has occurred as a result of illegal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical examination (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the medical examiner to perform other duties authorized by law. We may also disclose protected medical information to a funeral director, as authorized by law, in order to permit the funeral director to perform their duties. We may disclose such information in a reasonable anticipation of death. Protected medical information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and have protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend.

Military Activity and National Security: When the appropriate conditions apply we may disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination of the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authorities if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services, to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a prison facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and with authority by the Secretary of the Department of Health and Human Services to investigate or determine compliance with the requirements of Section 164.500 et. Seq.

2. **Your Rights**

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

You have the right to inspect and copy your protected health information. This means inspect and obtain a copy of protected health information about you that is contained in a concealed record set for as long as we maintain the protected health information. A "designated" record consists of medical and billing records and any other records that your physician and the practice uses to make a decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy information compiled in reasonable anticipation of , or use in, a civil, criminal, or administrative proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reversed in some circumstances and you may have a right to have this decision reviewed. Please contact the Privacy Contact if you have any questions about access to your medical records.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care except for notification purposes as described in the Notice of Privacy Practices. Your request must state the restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction we will not use or disclose your protected health information in violation of that restriction unless it is needed for emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by giving written notice addressed to your physician and the practice of the specific restriction. This notice will stay into effect until a written notice to discontinue is submitted.

You have the right to request to receive confidential communications from us by alternate means or at an alternative location. We will accommodate reasonable requests. We may agree to this accommodation by asking you for information as to how payment will be handled or an alternative address or other method of contact. We will not request an explanation from you or the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated file set for as long as we maintain this information. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about your medical record.

You have the right to receive an accounting of certain disclosures we have made, of your protected health information. This right applies to disclosures other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosure we may have made to you, to family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this 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 agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of the complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, Anne Thorman at 724-658-7550 for further information about the complaint process.

This notice was published and becomes effective April 7, 2003.