

## **NOTICE OF PRIVACY PRACTICES**

### **PURPOSE:**

**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.**

This notice takes effect on April 14, 2003 and remains in effect until we replace it.

### **1. OUR PLEDGE REGARDING MEDICAL 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 healthcare and related health care services. We are committed to protecting your information. We create a record of the care and services you receive at our facility. We keep this record to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also inform you of your rights and outline certain duties we have regarding the use and disclosure of medical information.

### **2. OUR LEGAL DUTY**

#### **Law Requires Us to:**

1. Protect your health information.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Abide by the terms of privacy practices now in effect.

#### **We have the right to:**

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we store, including information previously created or received before changes.

#### **Notice of Change to Privacy Practices:**

1. Before we make any important change in our privacy practices, we will change this notice and make the new notice available upon request.

### **3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

This section describes different ways that we use and disclose medical information. Following are different kinds of uses or disclosures and their meaning. Not every use of disclosure will be listed. However, we have listed examples of ways we are permitted to use and disclose medical information.

#### **FOR TREATMENT:**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information.

**Example:** We would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., nurses, technicians or healthcare providers) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. We may also call you by name in the waiting room when the doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

#### **FOR PAYMENT:**

Your protected information will be used and disclosed, as needed, to obtain payments for health care services.

**Example:** You have surgery.

- We may need to give your health insurance plan information about surgery you received, so that your insurance plan will pay us or repay you for any surgery that you paid for.
- We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

#### **FOR HEALTH CARE OPERATIONS:**

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting accreditation, certificates, licenses and credentials we need to serve you. We will share your protected health information with third party "business associates" that performs various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our 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.

## USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION.

### **ADDITIONAL USES AND DISCLOSURES:**

Other uses and disclosures of protected health information will only be made with your written authorization unless otherwise permitted or required by law. You may revoke this authorization in writing at any time. The exception to this revocation is that your physician has taken an action in reliance on the authorization. In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

#### **Notification:**

Medical information to notify or help notify:

- a family member
- your personal representative
- another person responsible for your care

We will share information about your location, general condition, or complications. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medicinal supplies, x-ray or medical information for you.

#### **Coroner, Medical Examiner**

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, or an organ procurement organization.

## OTHER PERMITTED AND REQUIRED DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.

#### **Communication Barriers**

We may use and disclose your protected health 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, that you intend to consent to use or disclose under the circumstances.

## OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.

#### **Military Activity and National Security:**

When the appropriate conditions apply, we may use or 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 by the Department of Veterans Affairs of your eligibility for benefits, to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence, including for the provision of protective services to the President or others legally authorized.

#### **Government Functions (Specialized):**

subject to certain requirements, we may disclose or use health information for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations and for government programs providing public benefits.

#### **Court Orders and Judicial Administrative Proceedings:**

We may disclose medical information in response to a court order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

#### **Public Health:**

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration.

#### **Communicable Diseases:**

We may when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

#### **Victims of Abuse, Neglect, or Domestic Abuse:**

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if you believe that you have been a victim of abuse, neglect or domestic violence to the government 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.

#### **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.

**Health Oversight Activities:**

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure disciplinary actions, or authorized activities.

**Law Enforcement:**

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

**Inmates:**

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

**Appointment reminders:**

We may use your medical information to contact you to provide appointment reminders.

**Disaster Relief:**

We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Marketing Health Related Service:**

We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

**4. YOUR PATIENT RIGHTS****You Have The Right To:**

1. Inspect or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use that format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by contacting the practice administrator listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice.

If you request copies, we will charge you for each page, and postage if you want the copies mailed to you. Contact us for a full explanation of our fee structure.

2. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your case, 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 time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

3. Request that we place an additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

4. Request to receive confidential communications from us by alternative means or alternative locations. Your request must be made in writing to the contact person listed at the end of this notice.

5. Request that we amend your protected health information. In certain cases we may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change and to include the changes in any future sharing of that information.

6. You have a right to refuse a copy of privacy practices. Your treatment will not be conditioned on your refusal unless it is for the purpose of creating health information or research related treatment.

**QUESTIONS AND COMPLAINTS****IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR OFFICE:**

**Dr. Doug Hammond**  
4101 Balmoral Drive, Suite A  
Huntsville, AL 35801  
Telephone: (256) 882-0255

If you believe that your privacy rights have been violated, contact the practice administrator named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with th U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

