

College Park Family Care Center

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. On **April 14, 2003**, this Notice became effective. It will remain in effect until it is amended or replaced by us. It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We are committed to maintaining the privacy of your health information. This notice lists some of the reasons and examples why we might use or disclose your health information. Not every use or disclosure is covered, but all of the ways we are allowed to use and disclose information will fall into one of the categories.

Treatment: We may use health information about you to provide you with health care treatment or service. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services with other health care professionals. We have established a “minimum necessary or need to know” standard that limits various staff members’ access to your health information according to their primary job functions.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our Billing staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances. You may request that information regarding services or items, which you have paid for, out of pocket and in full, not be released to a health plan.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers, College Park audits, etc. Medical information about you may be used to determine whether certain treatments are effective, additional services should be offered, services should be discontinued, or to notify you of additional services offered that may benefit your health or be of interest to you, such as research studies conducted by College Park Family Care Center. You may request that information regarding services or items, which you have paid out of pocket in full not be released to a health plan.

Persons involved in your care: We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. However, we may require you give written permission. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor, except in limited circumstances (such as prohibited by state law). You may ask us not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies). If the patient is a minor we may or may not be able to agree to your request.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care.

Required by Law: We may use or disclose your health information when we are required to do so by law-Court order, subpoena, discovery request or other lawful process. We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Health oversight activities: We may disclose medical information about you to a health oversight agency-which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability. For example, mandated disease reporting.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

Coroners, Medical Examiners, Funeral Directors, and Organ Procurement Organizations: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties. Consistent with applicable law, we may disclose your protected health information to organ procurement organization or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials. We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.

Worker's Compensation: We may disclose medical information about you in order to comply with workers' compensation laws.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards or letters.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Request a Copy: You may request a copy of our Notice of Privacy Practices at any time.

Access: In most cases, you have the right to look at or get copies of your health information by submitting your written request. Our receptionist or on-site medical records can provide you a copy of the form you will need to complete, as well as provide you information regarding the costs for obtaining a copy of the records. We will use the format you request unless we cannot practically do so. Applicable fees will be collected prior to releasing the records.

Amendment: You have the right to request that we amend your healthcare information if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied. The receptionist or our on-site medical records contact can provide you with the appropriate form.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. (When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures; therefore, these are not available.) You have the right to a list of instances in which we, or our business associates, disclosed information for reasons *other than* treatment, payment or healthcare operations. You can request non-routine disclosures going back six years starting on April 14, 2003. Information prior to that date would not have to be released.

Breach: We are required to notify you if your protected health information has been breached. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of protected health information which would pose a significant risk for financial, reputational, or other harm to you.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information or to request an alternative method of contact. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement except in an emergency. You may not limit uses and disclosures we are legally and allowed to make.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. You may request a Complaint Form from the receptionist or our on-site medical records contact. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.