NOTICE OF PRIVACY PRACTICES

INTRODUCTION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice applies to all of the health care facilities where you receive services.

We are required to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices. We must follow the privacy practices that are described in this Notice while it is in effect. We have legal obligations to further protect certain kinds of information that are protected by Part 2 of the privacy rule.

We reserve the right to change our privacy practices and to make changes to this Notice at any time. Any change will apply to all of your protected health information that we create or receive on or after the effective date of the change. If we make a change in our privacy practices, the new policies will apply to all of your information.

HOW YOU MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your health information for the following reasons. If you have any questions about how your information is used and disclosed, you may ask the Privacy Officer.

TREATMENT

We may use or disclose your health information to provide you with health care services and to coordinate care among the providers who may be involved in your care and treatment. Without this information, we will not be able to provide you with appropriate care or treatment.

PAYMENT

We may use or disclose your health information to bill for the services that you receive and to collect payment from insurance companies or other entities. We may also bill you for the services that you receive even if you do not have insurance coverage. When you receive services on a billing statement, you will be given notice of your right to file a complaint with the Secretary of HHS if you believe your health information has been used or disclosed in violation of this notice.

RESEARCH

We may use or disclose your health information to carry out activities necessary to conduct or support health care or health care-related research, as permitted by law.

PUBLIC HEALTH

We may disclose your health information to a public health authority for activities authorized by law. If you are suspected of having a reportable disease, we will disclose your health information to a public health authority as required by law. We may disclose your health information to prevent or control the spread of disease, injury or other conditions.

Health oversight activities

We may disclose your health information to an organization that has been approved to carry out oversight functions for the Secretary of HHS and the Department of Labor. These organizations are called health oversight agencies.

Quality Improvement

We may disclose health information to an organization for health oversight activities authorized by law to make sure that health care is being provided properly.

Familial Relationships

We may disclose health information about you to a family member who is involved in your care or treatment. We may also disclose health information to your family, or to someone helping you decide about your care or treatment in the case of a critically ill individual.

Crisis intervention

We may disclose health information to a crisis intervention agency if we reasonably believe that disclosure is necessary to prevent serious harm to you or another person. For example, we could disclose health information to protect you from an imminent threat to your safety or the safety of others. We are not required to get your permission to disclose health information in these circumstances.

Marketing

We may use or disclose your health information to contact you as part of an approved marketing activity. You may contact the Privacy Officer if you do not want us to contact you or if you want us not to share your health information with third parties. See the enthedi by a marketing representative for more information.

Insurance

We may use or disclose your health information if you arearrying out a health care treatment or service for your health care.

Healthcare Operations

We may use or disclose your health information for our own healthcare operations. Examples of healthcare operations include: quality assessment, monitoring and improvement programs; education and training programs; accreditation, survey and licensing activities; and case management and care coordination.

DUAL USES AND DISCLOSURES REQUIRING YOUR APPROVAL

We may use or disclose your health information for certain activities that require your approval or authorization, such as marketing activities, research, and fund raising activities.

You may authorize additional uses and disclosures of your health information by signing a written Authorization to Use or Disclose Protected Health Information. The Authorization must be written, signed and dated by you. You may revoke the Authorization at any time in writing. To revoke an Authorization, you must submit a written request to the Privacy Officer.

The Authorization will not affect any disclosures that have already been made.

Your rights

You have the following legal rights with respect to your health information. If you have questions about how your health information is used or disclosed, you may ask the Privacy Officer.

TO ACCESS HEALTH INFORMATION: You have the right to request in writing to receive a copy of your health information. You may request that we restrict the uses and disclosures of your protected health information for treatment, payment, or health care operations. Our office will try to accommodate all reasonable requests.

TO AMEND HEALTH INFORMATION: If you feel that health information that we have maintained about you is incorrect or incomplete, you may request that we amend it. To do so, you must make a written request to the Privacy Officer. In your request, you must provide a reason as to why the information should be amended.

TO LIMIT DISCLOSURES: You have the right to request that we limit certain health information uses and disclosures. To request a limit, you must also provide a reason. If we agree to the requested limit, we will abide by it and will not disclose the health information in the manner you specified.

TO OBTAIN ACCESS TO ADVICE ABOUT YOUR HEALTH INFORMATION: You have the right to ask for access to advice about your health information. We will try to provide you with a copy of the advice about your health information in the form and format you request that is reasonably accessible to you. If you want to change or limit any consents for treatment or procedures the individual or physician and us. This Notice does not affect any legally required consents you may have given.

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