



NOTICE OF PRIVACY

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.

Protected Health Information (PHI): Under the Health Insurance Portability and Accountability Act of 1996 (HIP AA) and other federal laws, your PHI is confidential. PHI includes information about your symptoms, test results, diagnoses, treatment, and related medical information. Your PHI also includes payment, billing and insurance information. We are committed to protecting the privacy of your PHI.

WE ARE REQUIRED BY LAW TO:

- a)** Make certain that health information which identifies you is kept private **b)** Provide you with notice of your rights and our legal duties and privacy practices with respect to your health information
- c)** Communicate any changes in this notice to you **d)** Comply with this Notice of Privacy Practices

WE ARE PERMITTED TO USE AND DISCLOSE YOUR HEALTH INFORMATION FOR:

Treatment: We may use your health information to provide, coordinate or manage your medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, health care students, or other Provider employees or contractors who are involved in providing health care to you. For example, we may share your health information with another provider for a consultation or referral for further treatment.

Payment: We may use and disclose your information in order to bill for medical treatment and services and receive payment from you, insurance companies, or third parties.

Healthcare Operations: We may use and disclose information about you for our health care operations. These are functions that are necessary to operate our business, such as accounting and general administrative business functions, and that are necessary to ensure that patients receive quality care, such as evaluating performance of staff and physicians who provide your health care.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Marketing Health Products or Services: We will not use your health information for marketing communications without your prior written authorization. We may provide you with information regarding products or services that we offer related to your health care needs. We will never sell your health information without your prior authorization.

Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help your healthcare or with payment for your healthcare, but only if you agree that we may do so, or if you are not able to agree, if it is necessary in our professional judgment.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, or other similar forms of health information.

Required by law: we may disclose your information where the use or disclosure of medical information about you is required by federal, state or local law.

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. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose authorized federal officials' health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

Appointment Reminders and Treatment Alternatives: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, text messages, emails or letters) or information about treatment alternatives or other health-related benefits and services that may be of interest to you.



PATIENT RIGHTS

Access: You have the right to review or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. If you request an alternative format, we will charge a cost-based fee for providing your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations, where you have provided an authorization and certain other activities, for the last 6 years, but not for disclosure made prior to April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Right to receive notice of a breach. We are required to provide you with notice of any acquisition, access, use or disclosure of unsecured Protected Health Information by Provider, its business associates and/or subcontractors. Unsecured health information is information that is not secured by an electronic method specific by the government. Notice must be given within 60 days of the breach and will include a brief description of the breach and your information involved, steps you may take to protect your information, steps we are taking to investigate, mitigate loss and protect against future breaches, and contact information where you may ask questions.

Right to a paper copy of this notice. You have the right to obtain a paper copy of this Notice of Privacy Practices from us, upon request.

QUESTIONS AND COMPLAINTS

If you are concerned about your privacy rights, or if you disagree with a decision that has been made about your PHI, you may contact our Privacy Officer on 774-230-8471.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaints with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We 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.

I HAVE RECEIVED AND HAD AN OPPORTUNITY TO ASK QUESTIONS CONCERNING THIS NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION.

Patient or Authorized Person's Signature

Date

Print Patient Name

Patient Date of Birth