

## **NOTICE OF PRIVACY PRACTICES**

Effective December 1, 2021

### **Your Information. Your Rights. Our Responsibilities.**

**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.**

If you have any questions about this Notice or want more information, please contact our Privacy Officer Jesus Ligot, at 636-825-2200.

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. In order to initiate the process to exercise any of the rights described in in this section, please contact our Privacy Officer at the telephone number listed above.

#### **Inspect or get an electronic or paper copy of your medical record**

- You have the right to inspect or get an electronic or paper copy of your medical record.

#### **Correct your medical record**

- You have the right to ask us to correct health information about you that you think is incorrect or incomplete.

#### **Request confidential communications**

- You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

#### **Limit what we use or share**

- You have the right to request a restriction on how health information about you is used or shared.
- If you pay for a service or health care item out-of-pocket in full, we are required to agree to a request by you not to share that health information with your health insurer for the purpose of payment or health care operations.
- We are not required to agree to other restrictions on the use and sharing of your health information.

#### **Obtain a list of those with whom we've shared information**

- You have the right to ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except disclosures for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We will provide you with one accounting in any 12 month period for free but will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

### **Get a copy of this privacy notice**

- You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically.

### **File a complaint if you feel your rights are violated**

- You have the right to file a complaint if you feel we have violated your rights by contacting our Privacy Officer at the telephone number listed above.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Permitted Uses and Disclosures**

To appropriately treat you and receive payment for the services we provide, we need to obtain information from you including your full name and address, insurance company, family medical history, current medical history, and current medical condition. We will use and disclose this information and other information we collect in the ways described below. To help you understand how we will use and disclose your information we have put the different uses and disclosures into categories and give examples of each. All of the ways we use or disclose your information will fit into one of the categories listed below, but we cannot list all of the uses and discloses in each category.

#### **Treatment, Payment and Health Care Operations**

##### **To treat you**

We may use your information to treat you and to share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks us for information about treatment we provided to you in the past.

##### **To bill for your services**

We may use and share your information to bill and get payment from health plans or other entities for the treatment we provide to you.

Example: We give information about you to your health insurance plan so it will pay for your services.

### **To run our organization**

We may use and share your information to run our practice, including to improve how we provide care, to educate our staff, to plan our operations (both clinical and financial) and to comply with the law.

Example: We use your information to help us determine how to improve the way in which we care for patients being treated for the same condition for which you were treated.

### **To provide appointment reminders**

We may provide appointment reminders to you. You may request in writing that we send reminders to a confidential or alternative address.

### **To notify you of alternative treatments**

We may provide you with information about treatment alternative and other health related benefits and services.

### **Other Permitted Uses and Disclosures**

We may share your health information with other entities without your consent or authorization in the following circumstances:

#### **Required by Law**

We share information about you as required by law.

Example: We are required to report gunshot wounds to the police. We are also required to provide information to the Secretary of the Department of Health and Human Services to demonstrate our compliance with HIPAA.

#### **Public Health Purposes**

We can share information about you with public health agencies for preventing and controlling disease.

Example: We are required to report to a public health agency about sexually transmitted, communicable and infectious diseases.

#### **Prevent a Serious Threat to Health or Safety**

We may share information about you with law enforcement or an identified victim to prevent a serious threat to your health or safety or the health or safety of another individual or the public.

## **Research**

We may use or share your information with researchers for research approved by a privacy board or an institutional review board.

## **Health Oversight Activities**

Your health information may be shared with governmental agencies and boards for investigations, audits, licensing, and compliance purposes.

## **Judicial and Administrative Proceedings**

We may be required to share your health information to a court or for an administrative proceeding.

## **Law Enforcement Activities**

We may be required to share your information as required by law, pursuant to a court order, warrant, subpoena, or summons

## **Deceased Individual**

We may share information for the identification of the body or to determine the cause of death.

## **Military and Veterans**

If you are a member of the armed forces we may share information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

## **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share information about you with that correctional institution or law enforcement official. This sharing must be necessary (1) for us to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety or security of the correctional institution.

## **Organ and Tissue Donation**

If you are an organ donor, we may share your medical information with organizations that handle organ procurement or organ, eye or tissue transplantation or an organ bank, as necessary to facilitate organ or tissue donation.

## **Workers' Compensation**

We may share medical information about you for workers' compensation or similar programs.

## **Specialized Governmental Functions**

We may share information about you to authorized Federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **Opportunity to Object**

We will give you the opportunity to object to the following uses and disclosures of your information:

- Sharing information relevant to your care with your family, close friends, or others **involved in your care.**
- Sharing information about you with public or private agencies for disaster relief purposes.

## **Authorization**

We are required to obtain your written authorization to use or disclose your information in any manner other than the uses and disclosures described above. Specifically, your written authorization is required in the following situations:

- The use or sharing of your information for marketing purposes.
- The sale of your information.
- The use or disclosure of any psychotherapy notes relating to you.

## **Our Responsibilities**

- We are required by law to maintain the privacy of your protected health information.
- We are required to provide individuals with this Notice of our legal duties and privacy practices regarding health information.
- We are required to notify you if there is a breach of unsecured protected health information.
- We are required to follow the terms described in this Notice.
- We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, and in our office.

## **Questions**

If you have any questions about this Notice or want more information, please contact our Privacy Officer Jesus Ligot, at 636-825-2200.