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**HIPAA NOTICE OF PRIVACY PRACTICES AND TERMS OF SERVICE (TOS)**

This Notice and Terms of Service (TOS) describes how medical information about you may be used and disclosed and how you can get access to this information. This notice describes the privacy practices at our telemedicine practice. In addition, this TOS acts as consent for our receipt of medication records from all providers that provide medical treatment/prescription(s) for you in order to provide you with complete and accurate care. By attending this telemedicine visit you agree to this Notice and Terms of Service. We \* Maintain the privacy of protected health information \* Give you this notice of our legal duties and privacy practices regarding your health information \* Follow the terms of the notice currently in effect.

**How we may use and disclose your health information**

Described as follows are the ways we may use and disclose your health information.

**Treatment.** We may use and disclose your health information for your treatment and to provide you with treatment- related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. **Payment.** We may use and disclose your health information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment. **Health Care Operations.** We may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their health care operation activities.

**Appointment Reminders, Treatment Alternatives, and Health- Related Benefits and**

**Services.** We may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health-related benefits and services you could use.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief. **As Required by Law.** We will disclose your health information when required to do so by international, federal, state or local law. **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

**Business Associates.** We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company or person to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than appears in their contract with us.

**Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military we may release your health information to the foreign military command authority.

**Worker's Compensation.** We may release your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your health information for public health activities to prevent or control disease, injury or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications. We may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure only when you agree or when required or authorized to do so by law.

**Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.