



NOTICE OF PRIVACY PRACTICES

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.

OUR DUTIES WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

The Practice is required by law to maintain the privacy of your protected health information, to provide you with this notice of our legal duties with respect to your protected health information and our privacy practices, and to abide by the terms of this notice.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The Practice may use or disclose your health information for the following purposes:

- *To Carry Out Treatment:* The Practice will use and disclose your protected health information in connection with your treatment. *For instance*, we may share your protected health information with another doctor to whom we refer you for treatment.
- *To Receive Payment:* The Practice will use and disclose your protected health information in order to receive payment for the medical goods and services provided to you. *For instance*, if you have insurance with Blue Cross/Blue Shield, we will report information regarding the medical goods and services provided to you, along with information supporting the reasons why the medical goods or services were provided, to Blue Cross/Blue Shield in order to receive payment.
- *To Carry Out the Practice's Health Care Operations:* The Practice will use and disclose your protected health information for additional purposes related to the Practice's health care operations. *For instance*, in connection with evaluating a physician employee of the Practice, the Practice's board of directors may review the medical records of patients treated by the employee.
- *Uses and Disclosures Required by Law:* We will also use or disclose your protected health information as required by law. *For instance*, the Practice may be obligated to report your protected health information if we suspect abuse, if you suffer from a communicable disease that must be reported to the health department, or if we receive a subpoena requiring us to disclose your protected health information. If you have questions regarding the other uses or disclosures of your protected health information that may be required by law, please contact our Privacy Officer at the phone number/address listed at the end of this notice.
- *Other Purposes:* We may also use your protected health information in connection with the following activities:
 - to provide you with appointment reminders
 - to advise you about alternative treatments that become available or may otherwise be of benefit to you
 - to provide you with information about health-related benefits or services that may be of interest to you

Other than as listed in this Privacy Notice or disclosures incident to otherwise permitted uses and disclosures, PHC may use or disclose your protected health information for other purposes. If you authorize us to use or disclose your protected health information for other purposes, you may revoke that authorization at any time by notifying the Practice. PHC may not withhold treatment if you refuse to authorize disclosure of health information for these other purposes.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

- *Your Right to Request Restrictions on Certain Uses and Disclosures of Your Protected Health Information*

You may request that the Practice restrict certain uses and disclosures of your Protected Health Information for treatment, payment or health care operations. The Practice is not required to agree to your request, but if the Practice does agree to your request, the Practice must comply with your request. *For example*, you may request that we not use your patient records in connection with periodic reviews of the work provided by the physician employees of the Practice. We may refuse that request. If we agree not to use your patient record for this purpose, however, we are prohibited from doing so until you change your instructions.

- *Your Right to Receive Confidential Communications of Your Protected Health Information*

You may request that we take steps to ensure that you receive your Protected Health Information in a confidential manner, and we must comply with any such request that is reasonable. *For example*, you may request that the Practice refrain from sending any confidential Protected Health Information to you unless it is sent to your home address. If you make this request, we will be prohibited from sending confidential information to your business address unless you change your instructions.

- *Your Right to Inspect and Copy Your Protected Health Information*

In most circumstances, you have the right to inspect and copy your Protected Health Information. Under normal circumstances, copies of medical records will be made available to patients within five days of request.

- *Your Right to Amend Your Protected Health Information*

You have the right to request an amendment to your Protected Health Information if anything contained in your Protected Health Information is in question. *For example*, if you inspect your Protected Health Information and discover that your Protected Health Information indicates that you had your tonsils removed when you were a child, but you in fact never had your tonsils removed, you have the right to request that we amend your Protected Health Information. If Protected Health Information that PHC created is in question and you provide a request in writing with a stated reason, PHC shall consider an amendment of your Protected Health Information.

- *Your Right to An Accounting of Disclosures of Your Protected Health Information*

You have the right to request a listing of each instance in which your Protected Health Information has been shared with third parties.

- *Your Right to a Copy of this Privacy Notice*

You have the right to receive a paper copy of this Privacy Notice at any time.

IF YOU WISH TO EXERCISE ANY OF THESE RIGHTS, PLEASE CONTACT THE PRIVACY OFFICER.