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 THIS NOTICE CAREFULLY.

We understand that your medical information and information about your health is personal. We are committed to maintaining the privacy of your protected health information (PHI), which includes your medical and/or mental health condition and the care and treatment you receive from us. We create and maintain a record of the care and services you receive here. We use this record to provide you with quality care and to comply with certain legal requirements.

Our Responsibilities

We are required by law to maintain the privacy of your protected health (PHI) and to provide you with this Notice of Privacy Practices. This notice is provided to tell you about our legal duties and practices with respect to your PHI. We are required to abide by the terms of this notice as are currently in effect.

How We May Use and Disclose Your PHI

The following categories describe different ways we may use and/or share your PHI without written authorization from you. For each category, an explanation of the category is provided, in some cases with examples. These examples are not meant to include all possible types of use and/or disclosure. However, all the ways we are permitted to use and disclose your PHI will fall into one of these categories.

Treatment

We may use and disclose your PHI to coordinate care within our organization and with others involved in your care, such as your attending physician, members of our interdisciplinary team and other health care professionals who have agreed to assist us in coordinating care. For example, we may disclose your PHI to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications. We also may disclose your PHI to individuals outside of our organization who are involved in your care, including family members, other relatives, close personal friends, pharmacists, suppliers of medical equipment or other health care professionals.

Payment
We may use and disclose your PHI to receive payment for the care you receive from us. For example, we may be required by your health insurer to provide information regarding your health care status, your need for care and the care that we intend to provide to you so that the insurer will reimburse you or us.

Health Care Operations

We may use and disclose PHI for our own operations. These uses and disclosures are necessary for us to ensure that all of our patients receive quality care. For example, we may use your PHI for quality assessment and performance improvement activities, performance evaluations of our employees, training of student interns, business planning and development, business management activities, credentialing/licensure, surveys and conducting or arranging other business activities.

Facility Directory

We may disclose certain information about you, including your name, your general health status, your religious affiliation and where you are in our facility, in our patient directory. We may disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.

Fundraising Activities

We may use information about you, including your name, address, telephone number and the dates you received care, in order to contact you to raise money for our organization. If you do not wish to be contacted for fundraising activities, please notify us that you do not wish to be contacted.

Appointment Reminders

We may use and disclose you PHI to contact you to provide appointment reminders.

Treatment Alternatives/Benefits

We may use and disclose your PHI to tell you about or recommend possible treatment alternatives, or other health-related benefits or services that may be of interest to you.

Required by Law

We will disclose your PHI when it is required to do so by any federal, state or local law.

Public Health Activities
We may disclose your PHI for public activities and purposes in order to:

- Prevent or control disease, injury or disability
- Report births or deaths
- Report the abuse or neglect of a child or dependent adult
- Report reactions to medications or problems with products
- Notify individuals exposed to a disease who may be at risk for contraction or spreading the disease.

**Abuse, Neglect or Domestic Violence**

We are allowed to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**Health Oversight Activities**

We may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, we may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

**Judicial and Administrative Proceedings**

We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when we make reasonable efforts to either notify you about the request or to obtain an order protecting your PHI.

**Law Enforcement**

As permitted or required by State law, we may disclose your PHI to a law enforcement official for law enforcement/emergency purposes, which include, but are not limited to:

* As required by law for reporting of certain types of wounds or other physical injuries
* Identifying or locating a suspect, fugitive, material witness or missing person
* Under certain limited circumstances, when you are the victim of a crime
* To a law enforcement official if we have a suspicion that your death was the result of criminal conduct, including criminal conduct at our facility.
* In an emergency in order to report a crime

**Coroner, Medical Examiners, Funeral Directors**
We may disclose your PHI to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law. We may also disclose your PHI to funeral directors if necessary to carry out their duties.

**Organ, Eye or Tissue Donation**

We may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**Research Purposes**

We may, under certain circumstances, use and disclose your PHI for research purposes. All research projects which use your PHI are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In many cases, information which identifies you as the patient will be removed.