



Notice of Privacy Practices

Effective Date: 14 August 2015

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 PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal and we are committed to protecting this information. We create a record of care and services you receive in our facility. This record is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and will tell you the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to ensure: (1) medical information that identifies you is kept private; (2) you are provided with this notice of our legal duties and privacy practices with respect to medical information about you; and (3) we follow the terms of the notice that is currently in effect.

This notice describes our office practices and that of all employees, staff, and other personnel, First Priority Medical Clinic. All locations follow the terms of this notice. In addition, these locations may share medical information with each other for treatment, payment or operations purposes described in this notice.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what is meant. Not every use and disclosure of information will fall within one of the categories.

For Treatment: We may use medical information about you to provide your referring physician with information needed for your treatments or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in your care. Different departments of our practice also may share medical information about you in order to coordinate the different treatments or services you may need. We may also disclose medical information about you to people outside the practice who may be involved in your medical care, such as a family member or other personal representative.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive may be filed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to send your health plan information about exams done so your health plan will pay us or reimburse you. We may also tell your health plan about the exam or exams you are going to have done in order to obtain prior approval or to determine whether your plan will cover the treatment ordered by your physician.

Health Care Operations: We may use and disclose medical information about you for the purpose of health care operations. This may include, but is not limited to, conducting quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, conducting or arranging for medical review, legal services, and auditing functions, business planning and development, business management, general administrative activities, and customer service.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for therapy.

Individuals Involved in Your Care: We may release medical information about you to a family member or friend who is involved in your medical care. We may also send information to someone who helps pay for your care. We may also notify family or friends of your conditions. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your conditions, status, or location.

Facility Directory: We may use your name and conditions, described in general terms that do not communicate specific medical information, to maintain a facility directory. This information may be released to persons who ask for you by name. Please note any objections to this use or disclosure on *Consent to Treat* form.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, your referring physician may take part in a research project using your exam. All research projects, however, are subject to a special approval process. This process will evaluate a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy. Before we disclose medical information for research, the project will have been approved through this research approval process. We will almost always ask for your specific permission for the researcher to have access to your name, address, or other information that reveals who you are.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

SPECIAL SITUATIONS:

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. If you are a member of a foreign military, we may release medical information about you to the appropriate foreign military authority.

Workers' Compensations: We may release medical information about you for workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illness. State and/or federal law controls the release of such information.

Public Health Activities: We may disclose medical information about you for public health activities. These activities generally include the prevention or control of disease, injury, or disability; reporting births and deaths; child and/or vulnerable adult abuse or neglect; reporting reactions to medications or problems with products; reporting a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notification to the appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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.