

**NOTICE OF PRIVACY PRACTICES**

Effective June 22, 2009

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.**

Protected Health Information (PHI) is information about you, your health, and healthcare services you receive. We are required by law to keep this information private. We are also required to provide you with this notice of our privacy practices.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time, and, upon request, provide you with any revised Notice of Privacy Practices by calling our office and requesting a revised copy be sent to you, or by asking for one at the time of your next delivery.

**Understanding your Health Record and Information**

Your healthcare team (physicians, nurses, homecare providers, DME providers) will use your use your PHI to provide, coordinate and manage your care. Your interactions or visits with anyone on this team are generally documented and a record is made. Typically, this record contains your symptoms, examinations, test results, diagnosis, treatment, and a Plan of Treatment. This medical record serves as:

- Basis for planning your care and treatment
- Means of communication among the many healthcare professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payor can verify that services billed for were actually provided
- Source of information for public health officials when necessary
- Tool with which we can assess and work to improve the care and service we render and the outcomes we achieve.

**Understanding what is in your record and how your health information is used helps you to:**

- Ensure accuracy
- Better understand exactly who and when and why others may access your health information
- Make more informed and better decisions when authorizing disclosure to others

## **Your Health Information Rights**

Your health record is actually the physical property of the healthcare facility that compiled it. However, the information belongs to you and you have the right to:

- Inspect and obtain a copy of your health record
- Request certain restrictions on the use and disclosures of your information
- Amend your health record
- Obtain an accounting of disclosures of your health information.
- Request that we not leave messages on your answering machine regarding your , appointments or billing and payment issues

## **Our Responsibilities**

Our company is required to:

- Maintain the privacy of your health information
- Provide you with a notice of our legal duties and privacy practices regarding the information we collect about you'
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have in communicating with other agencies

## **Business Associates**

In some cases, we use services of outside agencies. Examples of this may include clinical consultants, couriers or accreditation bodies. When we use these contracted services, we may disclose your health information to them, so that they may perform the job we have asked them to do. We require them to sign an agreement to safeguard any health information they may have. We will only disclose information essential to their performing this service.

## **Food and Drug Administration (FDA)**

We may disclose to the FDA health information relative to adverse events with respect to supplements or product defects.

## **Public Health**

As required by law, we may disclose your health information to public health or legal authorities charged with the prevention or controlling of diseases.

## **Law Enforcement**

We may disclose health information for law enforcement purposes as required by law, or in response to a subpoena.

### **Communication With Family**

We may use information to notify or assist in notifying a family member, relative or anyone else you identify, of health information relevant to that person's involvement in your care or payment related to your care.