

Privacy Statement



An oz. of Wellness Healthcare

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 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. If you have any questions about this notice, please contact the office location at which you been treated.

WHO WILL FOLLOW THIS NOTICE:

This notice describes the information privacy practices followed by our employees, staff, and other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide "Call coverage" for your health care provider.

UNDERSTANDING YOUR HEALTH INFORMATION:

This notice applies to the protected health information that we have about you at this office. Protected Health Information ("PHI") is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health services. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose your protected health information and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- **FOR TREATMENT:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff, or other personnel who are involved in taking care of you and your health. For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Other health care providers may be part of your medical care outside this office and may require information about you that we have.

- **FOR PAYMENT:** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

- **FOR HEALTH CARE OPERATIONS:** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

APPOINTMENT REMINDERS AND TEST RESULTS:

We may contact you either by mail, e-mail, home telephone, cell phone or work telephone and leave a message with the person who answers the phone, or using answering machine/voice mail, as a reminder that you have an appointment for treatment or medical care at the office, or to leave a message about your test results and other issues related to care you received at our office.

TREATMENT ALTERNATIVES: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED PRODUCTS AND SERVICES: We may tell you about health –related products or services that may be of interest to you. Please notify us if you do not wish to be contacted for appointment reminders and test results, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

BUSINESS ASSOCIATES: We may disclose your health information with third party “Business Associates” that perform services for our office. For example, we may send your health information to companies that assist us in billing, to a transcription service or to a copy service to appropriately safeguard your health information.

REQUIRED BY LAW:

We will disclose health information about you when required to do so by federal, state or local law.

RESEARCH: We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office. **ORGAN AND TISSUE DONATION:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

MILITARY, VETERANS, NATIONAL SECURITY AND INTELLIGENCE: We may disclose your health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about foreign military personnel to the appropriate foreign military authority.

WORKERS’ COMPENSATION: We may release health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS: We may disclose health information about you to public agencies or legal authorities for public health activities, including to prevent a serious threat to your or others health and safety.

These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena, discovery request or other lawful process.

LAW ENFORCEMENT: We may release health information to law enforcement officials for law enforcement purposes, including:

- A court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- Pertaining to a victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- Suspicion that death has occurred as a result of criminal conduct;
- In the event that a crime occurs at our office or on our premises;
- In medical emergency circumstances where it is likely that a crime has occurred, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

INMATES: We may release your health information to the correctional institution or law enforcement official holding you in custody. This release would be necessary(i) for the institution to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release health information to a coroner, medical examiner or funeral director (as authorized by law). This may be necessary, for example, to identify a deceased person or determine the cause of death.

INFORMATION NOT PERSONALLY IDENTIFIABLE: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

INDIVIDUALS INVOLVED IN YOUR CARE: We may disclose health information about you to your family members, friends or other persons you identify, if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, it may be our professional judgment that you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of agreeing or objecting to the disclosure (because you are not present or due to your incapacity or medical emergency) we may, based on our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your

progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or x-rays.

DISASTER RELIEF EFFORTS: We may use or disclose your health information to a public or private legally authorized or chartered disaster relief organization to coordinate in notifying a family member, personal representative, or another person responsible for your care about your unable to agree or object, or if obtaining your agreement or objection would interfere with the ability to respond to the emergency circumstances, we may disclose such information as we deem is in your best interest based on our professional judgment.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION: We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission. If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the authorization mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health-care operations, we will have to have a special written authorization that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU: You have the following rights regarding health information we maintain about you.

- **RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy your health information we use to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes, information compelled in reasonable anticipation of, or use in, a civil, criminal or administrative action and your health information that is subject to a law that prohibits access to such information. You must submit a written request to the the office location at which you been treated in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If law requires such a review, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.
- **RIGHT TO AMEND:** If you believe health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information. To request an amendment, you must submit your request in writing to the PRIVACY OFFICER. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: A) We did not create, unless the person or entity that created the information is no longer available to make the amendment. B) Is not part of the health information that we keep. C) You would not be permitted to inspect and copy. D) Is accurate and complete.
- **RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of health information about you. This list does not include disclosures made:
 - for treatment, payment and operations
 - to you
 - Incident to a permitted use and disclosure
 - under an authorization

- for national security or intelligence purposes, and
- to correctional institutions or law enforcement officials.

To obtain this list, you must submit your request in writing to the PRIVACY OFFICER. It must state a time period, which may not be longer than six years and may not include dates before (September 3, 2015). Your request should indicate in what form you want the list (for example, on paper, electronically). The first accounting you request with a 12-month period will be free. For additional accounts, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

= RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the

payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. **WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST**: If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must submit your request in writing to the PRIVACY OFFICER.

= RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit your request in writing to the PRIVACY OFFICER. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

= RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact the PRIVACY OFFICER.

CHANGES TO THIS NOTICE: We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with the office or with the SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. To file a complaint with our office, contact the the office location at which you been treated. You will not be penalized for filing a complaint.

The office location at which you been treated **CONTACT INFORMATION**:

<http://anozofwellness.com/locations.html>