

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR PERSONAL HEALTH INFORMATION AND OUR RESPONSIBILITIES TO PROTECT YOUR PERSONAL HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*Dear Patient,*

*Federal law requires Euphora Health (“Practice”) to make this Notice of Privacy Practices (“Notice”) available to all persons and to make a good faith effort to obtain a signed document acknowledging patients’ receipt of this Notice. If you have any questions about this notice, please call the Practice.*

*Thank you,*

Euphora Health

This Notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please review it carefully. The Practice will make a good faith effort to obtain a signed document acknowledging your receipt of this Notice. This notice became effective on 3/24/2015. The Practice reserves the right to change this Notice after the effective date. The Practice can change the terms of this Notice, and the changes will apply to all information it has about you. The new notice will be available upon request, in the Practice’s office, and on its web site.

In conducting business, the Practice will create records regarding you and the treatment and services provided to you; your protected health information (“PHI”). This PHI includes any information about you, including demographic information (i.e. name, address, phone, etc.) that may identify you and related to your past, present or future physical or mental health condition and related health care services.

The Practice is required by law to maintain the confidentiality of health information. The Practice must follow specific rules regarding how this information is used, disclosed, or shared with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your protected health information. It also describes how the Practice follows those rules, and uses and discloses your PHI to provide your treatment, obtain payment for services you receive, manage the health care operations, and for other purposes that are permitted or required by law. By federal and state law, the Practice must follow the terms of the Notice in effect at the time.

### **Your Rights Under the Privacy Rule**

The following is a statement of your rights under the Privacy Rule in reference to your PHI. Please feel free to discuss any questions with the Practice. You have some choices in the way the Practice uses and shares information as it: tells family and friends about your condition, provides disaster relief, includes you in a hospital directory, provides mental health care, markets its services and sells your information, and raises funds. The Practice may use and share your information as it treats you, runs the practice, bills for your services, helps with public health and safety issues, performs research, complies with the law, responds to organ and tissue donation requests, works with a medical examiner or funeral director, addresses workers' compensation, law enforcement, and other government requests, and responds to lawsuits and legal actions.

**You have the right to receive, and the Practice is required to provide you with a copy of this Notice** - The Practice is required to follow the terms of this Notice.

**You have the right to authorize other use and disclosure-** You can authorize or deny any other use or disclosure of PHI not specified in this Notice, as long as the request is made in writing. You may revoke an authorization at any time, in writing, except to the extent that the Practice has taken an action in reliance on the use of disclosure indicated in the authorization.

**You have the right to designate a personal representative-** You may designate a person with the delegated authority to consent to, or authorize the use of disclosure of PHI when submitted in writing. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. The Practice will make sure the person has this authority and can act for you before it takes any action.

**You have the right to inspect and copy your PHI-** You may inspect and obtain a copy of PHI about you that is contained in your patient record in paper or electronic format, as long as request is made in writing. In certain cases, your request may be denied. You may request, in writing, a review of our denial by a third party. The Practice will provide a copy or a summary of your health information, usually within thirty (30) days of your request. The Practice may charge a reasonable, cost-based fee.

**You have the right to request a restriction of your PHI-** You may ask the Practice in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice. The Practice is not required to agree to your request, and in certain cases may deny your request for a restriction if it would affect your care. You may request, in writing, a review of our denial by a third party. If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share that information for the purpose of payment or Practice operations with your health insurer. The Practice will say "yes" unless a law requires it to share that information.

**You have the right to have the Practice amend your PHI-** You may request an amendment of your PHI for as long as the Practice maintains this information. In certain cases, the Practice may deny your request for an amendment, but the Practice will tell you why in writing within sixty (60) days. You may request, in writing, a review of any denial by a third party.

**You have the right to request a disclosure accountability-** You can ask for a list (accounting) of the times the Practice has shared your health information for six (6) years prior to the date you ask, whom the Practice shared it with, and why. The Practice will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked the Practice to make). The Practice will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**You have the right to request confidential communication-** You can ask the Practice to contact you in a specific way (for example, home or office phone) or to send mail to a different address. The Practice will agree to your reasonable requests.

### **Complaints**

You may complain to the Practice or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the Practice by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You may file a complaint with the Practice by notifying it in writing of your complaint. The Practice will not retaliate against you for filing a complaint.

### **How The Practice May Use or Disclose Protected Health Information**

Following are examples of use and disclosures of your PHI that the Practice is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the Practice. For certain PHI, you can tell the Practice your choices about what it shares. If you have a clear preference for how the Practice shares your information in the situations described below, please talk to the Practice. Tell the Practice what you want it to do, and it will follow your instructions. In these cases, you have both the right and choice to tell the Practice to share information with your family, close friends, or others involved in your care; share information in a disaster relief situation; and include your information in a hospital directory. If you are unable to tell the Practice your preference, for example if you are unconscious, the Practice may share your information if it believes it is in your best interest. The Practice may also share your information when needed to lessen a serious and imminent threat to health or safety.

The Practice will never share your information unless you give it written permission for: marketing purposes, sale of your information, and most sharing of psychotherapy notes. In the case of fundraising, the Practice may contact you for fundraising efforts, but you can tell it not to contact you again.

**For Treatment-** The Practice may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that is involved in your care and treatment. For example, the Practice would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. The Practice will also disclose PHI to other physicians who may be involved in your care and treatment.

The Practice may also call you by name in the waiting room when it is ready to see you, although it will limit this to either your first or last name only. The Practice may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. It may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. The Practice may contact you to provide information about health related benefits and services offered by the Practice. You may, however, designate, in writing, a requested method of contact of alternate location where you wish to be contacted.

**For Payment** - Your PHI will be used, as needed, to obtain payment for health care services. This may include certain activities in which the Practice releases written information to you or your representative in the form of a receipt.

**For Healthcare Operations** - The Practice may use or disclose, as needed, your PHI in order to support the business activities of the Practice. This includes, but is not limited to, business planning and development, quality assessment and improvement, medical review, legal services, and auditing functions. It also includes education, provider credentialing, certification, underwriting, rating, or other insurance related activities. Additionally, it includes business administrative activities such as customer service, compliance with privacy requirements, internal grievance procedures, due diligence in connection with the sale or transfer of assets, and creating de-identified information

#### **Other Permitted and Required Uses and Disclosures**

The Practice may also use and disclose your PHI in the following instances:

**To Others Involved in Your Healthcare** - Unless you object, the Practice may disclose to a member of your family, a relative, a close friend or any other person that you identify, your PHI that is directly related to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, the Practice may disclose such information as necessary if it determines that it is in your best interest based on its professional judgment. The Practice may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death. If you are not present or unable to agree or object to the use or disclosure of the PHI, then the Practice may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

**As Required by Law** - The Practice may use or disclose your PHI to the extent that the use or disclosure is required by state or federal law, including the Department of Health and Human Services if it wants to see that the Practice is complying with federal privacy law.

**For Public Health** - The Practice may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

**For Communicable Diseases** - The Practice may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**For Health Oversight** - The Practice may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**In Cases of Abuse or Neglect** - The Practice may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the Practice may disclose your PHI if it believes that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirement of applicable federal and state laws.

**To the Food and Drug Administration** - The Practice may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, and track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

**For Legal Proceedings** - The Practice may disclose PHI in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

**To Law Enforcement** - The Practice may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

**To Coroners, Funeral Directors, and Organ Donation** - The Practice may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. The Practice may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**In Cases of Criminal Activity** - Consistent with applicable federal and state laws, the Practice may disclose your PHI if it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Practice may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**For Military Activity and National Security** - When the appropriate conditions apply, the Practice may use or disclose PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service.

**For Worker's Compensation** - Your PHI may be disclosed by the Practice as authorized to comply with Worker's Compensation laws and other similar legally established programs.

**When an Inmate** - The Practice may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures** - Under the law, the Practice must make disclosures about you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirement of the Privacy Rule.

The Practice has to meet many conditions in the law before it can share your information for these purposes. For more information please see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). You have the opportunity to agree or object to the use or disclosure of all or part of your PHI, provided your request is submitted in writing.

### **My Responsibilities**

The Practice is required by law to maintain the privacy and security of your PHI.

The Practice will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

The Practice must follow the duties and privacy practices described in this Notice and give you a copy of it.

The Practice will not use or share your information other than as described here unless you tell it in writing. If you tell the Practice it can, you may change your mind at any time. Let the Practice know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).