

## Atlas Medical Center

### 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 it carefully. If you have any questions about this notice please contact: our Privacy Contact who is John Davis.**

We are required by law to provide you with this notice explaining our privacy practices with regard to your medical information and how we may use and disclose your protected health information (PHI) for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

Protected Health Information (PHI) consists of individually identifiable health information, which may include demographic information our company collects from you or creates or receives by a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you..

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. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

This Notice of Privacy Practices became effective on April 14, 2003 and was amended on August 1, 2015.

#### ***Understanding Your Health Record/Information***

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation
- source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

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

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

#### ***How this Office May Use or Disclose Your Health Information***

This company collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the

medical record belongs to you. The law permits us to use, disclose or request your health information in compliance with the minimum necessary standard, for the following purposes:

**Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you

**Payment.** We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

**Health Care Operations.** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence of our professional staff. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as software support, billing, collections companies. We have a written contract with each of our business associates that contains terms requiring the business associates and any subcontractors they may hire to protect the confidentiality of your medical information.

### ***Other Ways We May Use and Disclose Your Protected Health Information***

**Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. Should we call and you not be at home, we may leave minimally necessary information to accomplish our purposes with a family member, significant other, or in an e-mail, voice mail, texting device, or answering machine.

**Sign in sheet.** We may have you sign in when you arrive at our office and we will call out your name when we are ready to see you.

**Notification and communication with family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. We may disclose your health information to any person(s) that accompanies you at the time of your appointment and is present while our staff member is treating you and/or discussing your care with you. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care.

**Future communications.** We may communicate to you via newsletters, mailings or other marketing means regarding treatment options, information on health-related benefits or services; or other community based initiatives or activities in which our facility is participating. If you are not interested in receiving these materials, please contact our Privacy Officer.

**Required by law.** As required by law, we may use and disclose your health information, to the following types of entities including but not limited to:

- Public health authorities for purposes related to: preventing or controlling disease, injury or disability;

- Authority that receives reports on abuse or neglect or reporting domestic violence;

- Food and Drug Administration

- Health oversight activities-we may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and state law.

- Law enforcement/legal proceedings-we may disclose health information for law enforcement purposes as required by law or in response to a subpoena

- Coroners

- Organ or tissue donation

- Public safety

- Specialized government functions such as national security and intelligence agencies

Worker's compensation  
Inmates  
Research

**Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another provider.

**Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances our business associate may provide the notification.

### ***Uses or Disclosures Not Covered by this Notice***

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

### ***Accounting of E-Health Records for Treatment, Payment, and Health***

Atlas Medical Center does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, starting January 1, 2014, the HITECH Act will require Atlas Medical Center to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request.

Atlas Medical Center must either: (1) provide an individual with an accounting of such disclosures it made and all of its business associates disclosures; or (2) provide an individual with an accounting of the disclosures made by Atlas Medical Center and a list of business associates, including their contact information, who will be responsible for providing an accounting of such disclosures upon request.

### ***Patient Rights Related to Protected Health Information***

Although your health record is the physical property of the facility that compiled it, the information belongs to you. You have the right to:

#### ***Request an Amendment***

You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our Privacy Officer.

#### ***Request Restrictions***

You have the right to request a restriction of how we use or disclose your medical information for treatment, payment, or health care operations. Your request must be made in writing. If a patient pays in full for their services out of pocket they can request that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

#### ***Inspect and Copy***

You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. You have the right to access your own e-health record in an electronic format and to direct Atlas Medical Center to send the e-health record directly to a third party.

Starting January 1, 2014, Atlas Medical Center will provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations within the three-year period prior to the individual's request. Atlas Medical Center must either: (1) provide an individual with an accounting of such disclosures it made and all of its business associates disclosures; or (2) provide an individual with an accounting of the disclosures made by Atlas Medical Center and a list of business associates, including their contact information, who will be responsible for providing an accounting of such disclosures upon request.

#### ***Request Confidential Communications***

You have the right to request how we communicate with you to preserve your privacy. We will accommodate all reasonable requests.

***File a Complaint***

If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our facility or directly to the Secretary of the United States Department of Health and Human Services:

U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201.  
Phone: (202) 619-0257  
Toll Free: (877) 696-6775.

To file a complaint with our facility, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to our Privacy Officer.

***A Paper Copy of This Notice***

You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking for it.

**Our Responsibilities**

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain 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 to communicate health information by alternative means or at alternative locations.
- Not receive remuneration,, directly or indirectly for any PHI unless there is specific authorization except for public health activities; for research (cost of data prep and transmittal); for treatment; for Health Care Operations (HCO) related to sale or transfer; for payment of BA for services under BAA; to provide an individual with his/her PHI; and for other instances permitted by the HHS Secretary.

We will not use or disclose your health information without your authorization, except as described in this notice.

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Contact or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Contact, John Davis at (719) 278-3612 for further information about the complaint process.

This notice was published and becomes effective on August 1, 2015.