

NOTICE OF PRIVACY PRACTICES - LifeStyle Medical Center

Effective Date: 5/1/2014

THIS NOTICE PROVIDES INFORMATION ON HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!

Each time you visit a healthcare provider a record of your visit is created. This record typically contains symptoms, examinations, tests and test results, diagnoses, treatment options and plan of care or future treatment. It also contains related billing information. This notice applies to all of the medical records generated by **our** clinic. If you go to another facility, i.e., hospital or other practitioner, their policies or notices regarding use and disclosure of your health information may be different.

Our Responsibilities:

We are required by law to protect the privacy of your health information and provide you with a description of our privacy practices. We will follow the terms of the Privacy Notice currently in effect. We reserve the right to change the terms of our notice, and the changes will apply to all information we have about you. The new notice will be available, upon request, in our office and on our website.

Uses and Disclosures (How we may use and/or disclose health information about you):

For Treatment: We may use your health information to provide you services or treatment. We may disclose this information to other healthcare providers who are involved in the coordination of your care. This includes, doctors, nurses, medical technicians, medical students or other facility personnel who are involved in your care. For a example, a doctor treating you for one medical issue may ask another doctor about your overall health condition.

If we are not your primary care provider, we may also provide your primary care provider or subsequent healthcare providers with copies of various records that can assist them in your treatment once you leave our care.

For Payment: We may use and disclose health information about you to bill and collect payment from your insurance company or third party payer. For example, we may need to send an operative report to your insurance company so that they will reimburse us for your treatment.

For Health Care Operations: We can use and share your health information to run our practice, improve your care and contact you when necessary. For example, we may use health information about you to manage your treatment and services. We may also use and disclose your health information for the following:

- 1) For business associates that we have contracts with such as medical billing and coding companies.
- 2) For medical appointment reminders to you
- 3) For communicating satisfaction surveys that pertain to our services

- 4) Appointment reminders and billing/collection issues may be communicated via discreet phone messages or secure email.

We will never share your information, unless you give us written permission, for marketing purposes or sell your PHI.

We may share information about you if state or federal law requires it, for example with the Department of Health and Human Service if it wants to see that we're complying with federal privacy law. In certain circumstances we may also share information about you to help with public health and safety issues including with the following organizations: Public Health or Legal Entities who are in charge of controlling/preventing disease, disability or injury, Workers Compensation Carriers, Food and Drug Administration, Homeland Security, Correctional Facilities, Agencies for Organ/ Tissue Donation, Military Authorities, and Law Enforcement Agencies/Court Proceedings with subpoena or required by law.

For certain health information, you can tell us your choices about what we share. For example, you can ask us to share information with your family, close friends, or others involved in your care. You can also ask us to share information in a disaster relief situation.

Your Rights

Even though your medical record is physical property of the clinic who documented it, you have the right to:

Inspect and make copies: You can inspect and request copies of your medical record. (This however, does not include mental health related notes.) We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Limited circumstances will allow us to deny your request to inspect and copy your medical records. If access is denied, your denial can be reviewed by another licensed healthcare professional at your request. This request must be presented to our clinic in writing. We will comply with the decision of the review.

Amendment: You may ask to amend information that you feel is incorrect or incomplete in your medical record. This request must be presented in writing to our clinic. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Disclosure Log: You may ask for a record of disclosures, except for those about treatment, payment, and health care operations, and certain other disclosures (such as those you asked us to make).

Limitation/Restriction Requests: You may ask that your health information be limited or restricted for disclosure for treatment, payment or healthcare operations. Requests must be presented to our clinic in writing and must be specific. You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required, however, to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the

purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. .

Complaints: You can complain if you feel we have violated your rights by contacting us, through our Clinic Privacy Officer or by contacting the U.S. Department of Health and Human Services Office for Civil rights. We will not retaliate against you for filing a complaint.

Confidential Communication Requests: You may request that we communicate with you regarding medical affairs at a particular location or manner. Example: You may request that we contact your cell phone instead of your place of business. Reasonable requests for confidential communications will be honored. Requests for confidential communication must be presented to our clinic in writing.

***Notice-**We reserve the right to contact you by other means necessary when failure to obtain a response is an issue.

Notice Copy: You may ask for a copy of this notice. This can be requested at any time. You are entitled to a paper copy even if electronic copy is the standard.

NOTICE REVISIONS

We will revise this notice as mandated by law. You will be asked to sign an updated copy of this notice on an annual basis. Questions or concerns can be addressed by the contact below.

CLINIC PRIVACY OFFICER

Name: Eric Henderson
Phone Number: 919.354.7077
Email: esh@lifestylemedicalcenters.com

Patient Signature: _____

Date: _____