

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide specific examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Agency may be billed to and payment may be collected from you, an insurance company or a third party. For example, it may be essential that you provide us with your health plan information regarding surgery you receive at the Agency so that our health plan will pay us or reimburse you for the surgery. In addition, we may tell your health plan about a treatment you are going to receive in order to obtain necessary approval or to determine whether your plan will cover the treatment.
- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Agency personnel who are involved in taking care of you at the Agency. For example, a doctor treating you for a broken leg may need to know if you have diabetes so that he/she can arrange for appropriate meals. Different departments of the Agency also may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Agency who may be involved in your medical care after you leave the Agency, such as family members, clergy or other persons that are part of your care.
- **For Health Care Operations.** We may use and disclose medical information about you for Agency operations. These uses and disclosures are necessary to run the Agency and ensure that all of our patients receive quality care. For example, we may combine medical information about a variety of Agency patients to decide what additional services the Agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Agency personnel for review and learning purposes. We may combine the medical information we have along with medical information from other Agencies to compare how we are doing and thus, evaluate where we can make improvements in the care and services we provide. We may remove information that identifies you from this set of medical information so that others may use it to study health care and health care delivery, without learning the identity of the patients.

WHO WILL FOLLOW THIS NOTICE.

This notice describes our Agency's practices and that of:

- **Any health care professional authorized to enter information into your Agency chart.**
- **All departments and units of the Agency.**
- **Any member of a volunteer group, in which, we allow to help you while you are in the Agency.**
- **All employees, staff and other Agency personnel.**
- **All of these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.**

POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION:

We understand that medical information pertaining to you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at the Agency. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Agency, whether made by Agency personnel or by your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will inform you about the different ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The federal government requires us to:

- **Make sure that medical information that identifies you is kept private;**
- **Give you this notice of our legal duties and privacy practices with respect to medical information about you; and**
- **Follow the terms of the notice that is currently in effect.**