

Endocrine Associates of Mid-Cities

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.

Understanding Your Health Information

Each time you visit a hospital, physician, or other healthcare providers, a record of your visit is made in order to manage the care you receive. Endocrine Associates of Mid-Cities understands that the medical information that is recorded about you and your health is personal. The confidentiality of your health information is also protected under both state and federal law.

This Notice of Privacy Practices describes how Endocrine Associates of Mid-Cities may use and disclose your information and the rights that you have regarding your health information.

Your Health Information Rights

Although your health information is the physical property of the facility or practitioner that compiled it, the information belongs to you, and you have certain rights over that information. You have the right to:

- Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed. In addition, you have the right to request, in writing, a restriction on disclosures of health information to a health plan with respect to treatment services for which you have paid out of pocket in full. In this case, we will honor the request. It will be your responsibility to notify any other provider of this restriction.
- Request, in writing, that your health record be amended as provided by law, if you feel the health information we have about you is incorrect or incomplete. You will be notified if the request cannot be granted.
- Request that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated.
- Requests in writing to obtain an accounting of disclosures or a report of who has accessed your health information as provided by law. The access report will only be available after federal regulations become effective.
- Obtain a paper copy of this Notice of Privacy Practices on request.

You may exercise these rights by directing a request to the contact listed on this Notice.

Our Responsibilities

Endocrine Associates of Mid-Cities has a certain responsibility regarding your health information, including the requirement to:

- Maintain the privacy of your health information.
- Provide you with this Notice that describes Endocrine Associates of the Mid-Cities legal duties and privacy practices regarding the information that we maintain about you.

- Abide by the terms of the notice currently in effect.
- Inform you that the clinic must keep your medical records for a time period required by law and then may dispose of them as permitted by law.

Endocrine Associates of Mid-Cities reserves the right to change these information privacy policies and practices and to make the changes applicable to any health information that we maintain. If changes are made, the revised notice of privacy practices will be made available at the clinic, posted on the website, and will be supplied when requested.

Uses and Disclosures of Health Information without Authorization

When you obtain services from Endocrine Associates of Mid-Cities, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, to process payments for your treatment and to support the operations of the entity and other involved providers. The following categories describe ways that Endocrine Associates of Mid-Cities use or disclose your information, and some representative examples are provided in each category. All of the ways your health information is used or disclosed should fall within one of these categories.

Your health information will be used for treatment:

For Example: Disclosures of medical information about you may be disclosed to that services provided to you may be billed to an insurance company or a third party. Information may be provided to your health plan about treatment you are going to receive in order to obtain prior approval or to determine if your health plan will cover the treatment.

Your health information will be used for payment:

For Example: Health information about you may be disclosed so that services provided to you may be billed to an insurance company or a third party. Information may be provided to your health plan about treatment you are going to receive in order to obtain prior approval or determine if your health plan will cover the treatment.

Your health information will be used for health care operations:

For Example: The information in your health record may be used to evaluate and improve the quality of the care and services we provide. Students, volunteers, and trainees may have access to your health information for training and treatment purposes as they participate in continuing education, training, internships, and residency programs.

Health Information Exchange (HIE):

Endocrine Associates of Mid-Cities participates in the electronic health exchanges and may share your health information as described in this Notice. Participation is voluntary. You will be given the opportunity to opt in to the electronic health information exchanges at the time of registration.

Business Associates:

There are some services that we provide through contracts with third party business associates. Examples include transcription agencies and copying services. To protect your health information,

Endocrine Associates of Mid-Cities practices require these business associates to appropriately protect your information.

Directory:

Unless you give notice of an objection, your name, location in the facility, general condition and religious affiliation will be used for patient directories, in those practices where such directories are maintained. This information may be provided to members of the clergy. This information, except for religious affiliation, may also be provided to other people who ask for you by name.

Continuity of Care:

In order to provide for the continuity of your care once you are discharged from our facility, your information may be shared with other healthcare providers such as home health agencies. Information about you may be disclosed to community services agencies in order to obtain their services on your behalf.

Disclosures Requiring Verbal Agreement

Unless you give notice of an objection, and in accordance with your agreement, medical information may be released to a family member or other person who is involved in your medical care or who helps pay for your care. Information about you may be disclosed to notify a family member, legally authorized representative or other person responsible for your care about your location and general condition. This may include disclosures of information about you to an organization assisting in a disaster relief effort, such as the American Red Cross, so that your family can be notified about your condition. You will be given an opportunity to agree or object to these disclosures except as due to your incapacity or in emergency circumstances.

Disclosures Required by Law or otherwise Allowed without Authorization or Notification:

The following disclosures of health information may be made according to state and federal law without your written authorization or verbal agreement.

- When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or for law enforcement. Examples would be reporting gunshot wounds or child abuse or responding to court orders.
- For public health purposes, such as reporting information about births, deaths, and various diseases, or disclosures to the FDA regarding adverse events related to food, medications or devices.
- For health oversight activities, such as audits, inspections or licensure investigations.
- To organ procurement organizations for the purpose of tissue donation and transplant.
- For research purposes, when the research has been approved by an institutional review board that has reviewed the research proposal and established guidelines to provide for the privacy of your health information; or the disclosure is that of a limited data set, where personal identifiers have been removed.
- To coroners and funeral directors for the purpose of identification, the determination of the cause of death, or to perform their duties as authorized by law.
- To avoid a serious threat to the health or safety of a person or the public.

- For specific government functions, such as a protection of the President of the United States.
- For workers compensation purposes.
- To military command authorities as required for members of the armed forces.
- To authorized federal officials for national security and intelligence activities as authorized by law.
- To correctional institutions or law enforcement officials concerning the health information of inmates, as authorized by law.

Other Allowable Uses and Disclosures without Authorization

Other uses or disclosures of your health information that may be may include:

- Contacting you to provide appointment reminders for treatment or medical care, as well as to recommend treatment alternatives.
- Notifying you of health-related benefits and services that me be of interest to you.
- Contacting you about disease management programs, wellness programs, or other community-based initiatives or activities in which Endocrine Associates of Mid-Cities participates.
- If Endocrine Associates of Mid-Cities is paid by any third party to provide communications to you because you are a patient, you will be informed that Endocrine Associates of Mid-Cities is being paid. You have the right to opt out of receiving such communications.

Breach Notification

In certain instances, you have the right to be notified in the even that we or one of our business associates, discover an inappropriate use or disclosure of your health information. Notice of any such use or disclosure will be made as required by state and federal law.

Required Uses and Disclosures

Under the law we must make disclosure when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy law.

Uses and Disclosures Requiring Authorization

Any other uses or disclosures of your health information not addressed in this Notice or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time. Specific examples of uses and disclosures requiring authorization include: use of psychotherapy notes, marketing activities, and some types of sale or your health information.

Privacy Complaints

You have the right to file a complaint if you believer your privacy rights have been violated. This complaint may be addressed to the Practice Manager listed in this Notice, or to the Secretary of the Department of Health and Human Services. There will be no retaliation for registering a complaint.

Practice Manager Contact:

Amber Lawson

817-786-8686