

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 the privacy officer.**

### WHO WILL FOLLOW THIS NOTICE

This notice describes our medical group's practices and that of:

Any health care professional authorized to enter information into your patient record(s).

Any member of a volunteer group we allow to help you while you are a patient of the Medical Group.

All Employees, staff and other personnel of the Medical Group.

All 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.

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Medical Group.

This notice will tell you about the 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.

We are required by law to:

Make sure that medical information that identifies you is kept private (with certain exceptions);

Give you this notice of our legal duties and privacy practices with respect to medical information about you; and

Follow the terms of our notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some 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.

**Disclosure at Your Request.** We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

**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, health care students, or other Medical Group personnel who are involved in taking care of you at the Medical Group. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the Medical Group also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Medical Group who may be involved in your medical care after you leave the Medical Group, such as other acute facilities, skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Medical Group may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the Medical Group who are involved in your care, to assist them in obtaining payment for services they provide to you. If you wish to pay for this visit out of pocket, in full, you have the right to restrict disclosures of protected health information to your health plan. Please notify the office staff at the time of your visit.

**For Health Care Operations.** We may use and disclose Health Information about you for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services we provide

to ensure that the care you receive is of the highest quality. We may also combine medical information about many Medical Group patients to decide what additional services the hospital 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 Medical Group personnel for review and learning purposes. We may also combine the medical information we have with medical information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Fundraising Activities.** We may use medical information about you, or disclose such information to a foundation related to the Medical Group, to contact you in an effort to raise money for the Medical Group and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the Medical Group.

#### **Marketing and Sale.**

Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

#### **Individuals Involved in Your Care or Payment for Your Care.**

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. If you arrive at the Medical Group either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

**Research.** Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health recovery of all patients who received one medication or treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will go through a special approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the Medical Group.

**As Required by Law. We will disclose Health Information when required to do so by international, federal, state, or local law.**

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

## **SPECIAL CIRCUMSTANCES**

**Organ and Tissue Donation.** If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child, elder and dependent adult abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of the medical group in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government or authority if we believe a patient has been a victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law. We may also notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licenser. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**Law Enforcement.** We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.**

We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Security Clearances.** We may use medical information about you to make decisions, regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the U.S. Department of State who need access to that information for these purposes.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Multidisciplinary Personnel Teams.**

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

**Special Categories of Information.** In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information -e.g., tests for HIV or treatment for mental health conditions or alcohol and Drug abuse. Government health benefit programs, such as Medicaid, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

## YOUR RIGHTS

You have the following rights regarding Health Information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. Usually this includes medical and billing records, but may not include some mental health information.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If needed and at your request, the Medical Group may provide an electronic copy of your electronic PHI.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Medical Group will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment

- Is not part of the medical information kept by or for the Medical Group

- Is not part of the information which you would be permitted to inspect and copy; or

- Is accurate and complete

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of Health Information we made. This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, we will notify you as required by law following a breach of your unsecured protected health information.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. In addition, you have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your surgery with your spouse.

We are not required, however, to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we agree, we will comply with your request unless we need to use the information in certain emergency treatment situations.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our website.

**To request any of the above, you must make your request, in writing, to the Privacy Officer.**

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Health Information we already have as well as any information we receive in the future. We will post a copy of the current notice at the Medical Group. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at the Medical Group for treatment or health care services, we will offer you a copy of the current notice in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this Medical Group and/or the Department of Health and Human Services. All complaints must be made in writing.

To file a complaint with:

This Medical Group, contact the Privacy Officer

The Department of Health and Human Services,

## CONTACT:

**200 Independence Avenue, S.W.**

**Room 509F HHH Bldg.**

**Washington, D.C., 20201**

You will not be penalized for filing a complaint.

## Other uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.