

Richmond District Medical Group, Inc.
Notice of Privacy Practices
Effective April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THIS OFFICE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS NOTICE CAREFULLY.

The terms of this Notice apply to all records containing your health information that are created or retained by our practice. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any or your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your health information. By federal and state law, we must follow the terms of the Notice that we have in effect at that time.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

Described as follows are the ways we may use and disclose the health information that identifies you ("Health Information"). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing our practice's privacy officer.

- Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- Payment:** We may use and disclose Health Information so that we, or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.
- Health Care Operations:** We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the primary care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.
- Appointment Reminders, Treatment Alternatives and health Related Benefits and Services:** We may use and disclose Health Information to contact you and to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.
- Individuals Involved in Your Care and/or Payment for Your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as you family or a close friend. 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.
- To Help Us Educate Medical Staff and Students:** Our practice has associations with a variety of schools involved in the education of health professionals. All staff and students must sign a confidentiality agreement before accessing any Health Information maintained by our practice.
- Research:** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.
- 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 Health Threat or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

- Business Associates:** There are some services provided to our practice through contracts with business associates. When these services are provided, we may disclose the appropriate portions of your Health Information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.
- Organ and Tissue Donation:** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement.
- Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by the military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- Worker's Compensation:** We may disclose Health Information to the extent authorized by and necessary to comply with the laws relating to worker's compensation or other similar programs established by law.
- Public Health Risks:** We may disclose Health Information as required by law to public health, legal authorities, or other healthcare agencies/registries charged with preventing or controlling disease, injury or disability.
- Health Oversight Activities:** We may disclose health Information to a health oversight agency for activities authorized by law.
- Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose Health Information in response to a court or administrative order. We may also disclose Health Information in response to 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 or to obtain an order protecting the information requested..
- Law Enforcement:** We may disclose your Health Information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.
- Coroners, Medical Examiners, and Funeral Directors:** We may release Health Information to a coroners, medical examiners or funeral director as necessary for their duties.
- National Security and Intelligence Activities:** We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others:** We may disclose Health Information federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.
- Inmate or Individuals in Custody:** Should you be an inmate of a correctional institution, we may disclose to the institution or their agents Health Information necessary for your health and the health and safety of other individuals.

YOUR RIGHTS

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

- Obtain a copy of this Notice:** You will receive a copy of this Notice at your first visit or after its publication. Thereafter, you may request a copy of this Notice by calling (415) 751-1446.
- Authorized to Use Your Health Information:** Before we use or disclose your Health Information, other than described above, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- Access to Your Health Information:** You may request a copy of your Health Information. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.
- Amend Your Health Information:** If you believe the information we have about you is incorrect or incomplete, you may request or add information. Your request must be submitted in writing and you may pick up a form for this purpose from a staff member.
- Request Confidential Communication:** You may request that, when we communicate with you about your Health Information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.
- Limit Our Use or Disclosure of Your Health Information:** You may request in writing that we restrict the use or disclosure of your Health Information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.
- Accounting of Disclosure:** You may request a list of disclosures of your Health Information that we have made for reasons other than treatment, payment or healthcare operations. Disclosures that we make with your authorization will not be listed.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information, you may call our privacy officer at (415) 751-1446. If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact our privacy officer at (415) 751-1446. You may also send a written complaint to:

**United States Department of Health & Human Services, Office of Civil Rights, Hubert H. Humphrey Building,
200 Independence Avenue, S.W., Room 509, Washington, D.C. 20201**

This office will ensure that the care you receive at our practice will in no way be impacted if you file a complaint.