



## NOTICE OF PRIVACY PRACTICE

### Associated Physicians Group

**This notice describes how your medical information may be disclosed and how you can get access to this information. Please review these policies carefully.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, health care operations including other purposes permitted or required by law. This policy also describes your rights to access and control your protected health information. Protected health information is information about you, your demographic information, anything that may identify you. This also includes information that is related to your past, present or future physical/ mental health condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. The terms of our notice are subject to change. The new notice will be effective for all the protected health information that we maintain at the time of change. Upon request, we can provide you a revised copy through mail, or at the time of your next appointment.

#### **\*Office Procedures\***

**Our office values our patients, in order to continue premier care we have implemented a “No Show Policy”. This policy states a patient who fails to come to an appointment without notifying the office will be charged forty dollars for the visit. If you are late for your appointment, you may be asked to reschedule. We understand the need to cancel or reschedule appointments may arise, please allow us twenty four hours notice to do so. We value you as a patient and thank you for your compliance.**

**Regarding routine medicine refills, please contact our office Monday-Thursday allowing us 24 hours notice prior to your prescription expiring. No controlled substances will be authorized over the phone, or filled after office hours.**

**We ask that you allow our office 24-48 hours to respond to telephone messages and callbacks.**

## **Understanding Your Health Record/Information**

Each time you visit a healthcare provider, a record of your visit is created. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future treatment. This information, your medical record serves as the following:

- Basic for planning your care and treatment
- Means of communications among your health professionals
- Legal documentation of care you received
- A means by which you or a third party payer can verify that services billed were actually provided
- A tool to education health professionals
- Source of data for medical research
- Information for public health officials charged with improving for the nation's health
- Source of data for facility planning and marketing
- A tool with which we assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what your record is and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

## **Your Health Information Rights**

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

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record
- amend your record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information

All requests must be in writing

## **Our Responsibilities**

This organization is required to maintain the privacy of your health information. Also to provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. We are required to abide by the terms of this notice, and notify you if we are unable to agree to requested restriction. This organization is required to accommodate reasonable requests you may have about communicating your health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no Retaliation for filing a complaint.

## **Examples of Medical Information Disclosures for Treatment, Payment and Health Operations**

### We will use your health information for treatment.

For example: Information obtained by a therapist or another member of your healthcare team will be recorded in your record and used to determine the course of treatment that would work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

### We will use your health information for payment.

For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### We will use your health information for routine health operations.

For example: Members of our quality improvement team may use information in your health record to access the care and outcomes in your case and others like it. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include our billing service, copying services, and/or vendors we might use when making copies of your health records. When these services are contracted, we may disclose your health information to these professionals so they can perform the job we've asked them to do and bill you or, the third-party payer for services rendered. To protect your health information, however, we require all business associates to appropriately safeguard your information.

Notification:

We may use or disclose information to notify or assist a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other individual you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of health information.  
Funeral Directors: We may disclose health information to funeral directors consistent with applicable laws to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement or organizations or other entities engaged in the processes, banking or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products, and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers' Compensation: We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional institution: Should you be an-inmate of a correctional institution or agents thereof, health information necessary for your health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to valid subpoena.  
Federal law makes provision for your health information oversight agency, public health authority or attorney, provided that a work force member or business

associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.