

SUMMARY OF PRIVACY PRACTICES FOR DRS. BAILEY, PEOPLES, & OGHALAI, P.A.

This summary of our privacy practices is a condensed version of our Notice of Privacy Practices.

Effective Date: 04-14-2003

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.

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create medical records about your health, or care for you, and the services and/or items we provide to you as our patient. By law, we are required to make sure that your protected health information is kept private.

How will we use or disclose your information? Here are a few examples:

- Σ For medical treatment
- Σ For research
- Σ To obtain payment for our services
- Σ To avert a serious threat to health or safety
- Σ In emergency situation
- Σ For organ and tissue donation
- Σ For appointment and patient recall reminders
- Σ For workers compensation programs
- Σ To run our Practice more efficiently and ensure all our patients receive quality care
- Σ In response to certain requests arising out of lawsuits or other disputes

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact our office manager or privacy officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You have certain rights regarding the information we maintain about you. These rights include:

- Σ The right to inspect and copy
- Σ The right to request restrictions
- Σ The right to amend
- Σ The right to a paper copy of this notice
- Σ The right to an accounting of disclosures
- Σ The right to request confidential communications

For more information about these rights please see the detailed Notice of Privacy Practices that follow this summary.

PATIENT'S RIGHTS UNDER HIPAA

Under HIPAA, individuals have the following rights:

1. Right to inspect and copy PHI (Private Health Information). This includes your medical and billing records, but does not include psychotherapy notes. To inspect and/or copy your medical record, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying and mailing your information. We may deny your request to inspect and 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 practice will review your request and denial. The person conducting the review will not be the person who denied your request. The practice will comply with the outcome and recommendations from that review.
2. Right to amend. If you feel that the medical information about you in your record is incorrect or incomplete, then you may ask us to amend the information. Your request must be submitted in writing, along with your amendment and a reason that supports your request to amend. The amendment must be dated and signed by you. The practice may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Your request may also be denied if you ask for information to be amended that:
 - a. Is not part of the medical information kept by or for the practice.
 - b. Is not part of the information which you would be permitted to inspect and copy.
 - c. The information IS accurate and complete
 - d. The information was NOT created by us, unless the person or entity that created the information is no longer available to make the amendment.
3. The right to request restrictions on the use and disclosure of PHI. This right may not necessarily be granted.
4. The right to an accounting of certain disclosures of PHI. This request must be submitted in writing and must state a time period. The time period cannot go back further than six years and may not include dates before April 14, 2003. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

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, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will not longer use or disclose medical information about you for the reasons covered by your written authorization. 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.

The patient has the right to a copy of this notice. You may ask for a copy of this notice at any time.

CHANGES TO THIS NOTICE

The practice reserves the right to change this notice. The revised or changed notice will become effective immediately upon completion of the revision. We will post a copy of the current notice in the office. The notice will contain the effective date. Each time you register at or are seen at the office for treatment, we will offer you a copy of the current notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, please submit a written request to the attention of the privacy officer or office manager.

You will NOT be penalized for filing a complaint.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

1. **Medical Treatment:** We use previously given medical information about you to provide you with current or prospective medical treatment or services. Therefore we may, and most likely will, disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. Different areas of the practice also may share medical information about you including your record (s), prescriptions, requests of lab work and x-rays. We may also disclose medical information about you to people outside the practice who may be involved in your medical care after you leave the practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).
2. **Payment:** We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information about treatment you received at the practice to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.
3. **Health Care Operations:** We may use and disclose medical information about you so that we can run our practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to

evaluate the performance of our staff, deciding what additional services to offer and where, deciding 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 personnel for review and learning purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and to 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.

We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records

4. Appointment and Patient Recall Reminders: We may ask that you sign in writing at the Receptionists' Desk, a "Sign In" log on the day of your appointment with the practice. We may use and disclose medical information contact you as a reminder that you have an appointment for medical care with the practice or that you are due to receive periodic care from the practice. This contact may be by phone, in writing, email, or otherwise and may involve leaving an email, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.
5. Emergency Situations: In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and/or location.
6. Research: Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.
7. Required by Law: We will disclose medical information about you when required to do so by federal, state, or local law.
8. To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
9. Organ and Tissue Donation: If you are an organ donor, we may release medical 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.

10. Worker's Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
11. Public Health Risks: Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following:
 - a. To prevent or control disease, injury or disability
 - b. To report births or deaths
 - c. To report child abuse or neglect
 - d. To report reactions to medications or problems with products
 - e. To notify people of recalls of products they may be using
 - f. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a diseases or condition
 - g. To notify to appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
12. Investigation and Government Activities: We may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
13. Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 or to obtain an order protecting the information requested.
14. Law Enforcement: We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. Medical information may also be released to identify or locate a suspect, fugitive, material witness, or missing person. Information about the victim of a crime may be released under certain circumstances, if we are unable to obtain the person's agreement. The practice will also disclose information if we believe a death may be the result of a criminal conduct. Information will also be released if criminal conduct at the office is suspected.
15. Coroners, Medical Examiners, and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. Medical information about patients may also be released to funeral directors as necessary to carry out their duties.
16. Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution

to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

17. Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. Medical information may be disclosed about you to the Department of Veterans Affairs upon your separation or discharge from military services.

(See Privacy Notice Authorization for Access and Restriction to PHI below)

Drs. Bailey, Peoples, & Oghalai, P.A.

Privacy Notice

I have had the opportunity to review Drs. Bailey, Peoples, and Oghalai, P.A. Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law. I understand the contents of this Notice.

I understand that I have the right to request certain people ACCESS to my information. They are listed as follows:

_____	_____
_____	_____
_____	_____

I also understand that I have the right to request restrictions concerning the use of my information. I request the following RESTRICTIONS:

_____	_____
_____	_____
_____	_____
_____	_____

Patient Signature

Date

If not signed by the patient, please indicate the relationship to the patient.

Relationship

Witness

INTERNAL USE ONLY

If the patient or patient's representative refuses to sign this acknowledgement of receipt of the NOTICE, please document the date and time the NOTICE was presented to the patient and sign below.

Presented on: _____ **(DATE)**

Presented by: _____ **(Staff)**