

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.

During your treatment at _____, doctors, nurses, and other caregivers may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by _____. We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED FOR THE FOLLOWING PURPOSES

Treatment: We may use your information to provide, coordinate, and manage your care and treatment. For example, a _____ physician may share your medical information with another physician for a consultation or a referral.

Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at _____ so your health plan will pay us or reimburse you for the treatment. 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 disclose information about you for purposes of an independent review of a denial of a claim based on lack of medical necessity.

Health Care Operations: We may use and disclose medical information about you for _____'s health care operations.

Health care operations are the uses and disclosures of information that are necessary to run _____ and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff and physicians in caring for you.

Appointment Reminders and Other Health Information: We may use your medical information to send you reminders about future appointments. We may also send you refill reminders or other communications about your current medications. However, if we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we must first obtain your written authorization to make such communications. We may contact you with information about new or alternative treatments or other health care services or for purposes of care coordination, unless we receive financial remuneration in exchange for making the communication; in that case, we will obtain your written authorization to make such communications. However, we are not required to obtain your written authorization for face-to-face communications.

Fundraising: _____, one of its business associates or _____'s foundation may use certain information about you (specifically, your name, address, age, gender, date of birth and other demographic information; dates you received health care from _____; department of service information; treating physician; outcome information and health insurance status) to let you know about opportunities to raise funds for _____. You have the right to opt-out of receiving such fundraising communications.

Each fundraising communication you receive will include an opportunity to opt-out of future fundraising communications. Alternatively, you may notify _____ to opt-out of fundraising communications.

Facility Directory: We may include certain limited information about you in our directory while you are a patient. This information may include your name, location in the facility, and your religious affiliation if you provide this information to us. The directory information, except for your religious affiliation and condition, may be released to people who ask for you by name. This is so your family, friends and clergy can know your location. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. If you would prefer that we not make these disclosures, please notify _____.

To People Assisting in Your Care. _____ will only disclose medical information to those taking care of you, helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a prescription for you. If you are able to make your own health care decisions, this practice will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, we will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.