

Auburn Medical Group, Inc 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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your individually identifiable health information. "IIHI" is information, including demographic information that may identify you.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IIHI. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

1. Treatment. Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory test and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Your IIHI may be provided to a physician to whom you have been referred to insure that the physician has the necessary information to diagnose or treat you. Many of the people who work for our practice – including, but not limited to, our doctors, nurses, and medical assistants – may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

2. Payment. Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items.

3. Healthcare Operations. We may use or disclose IIHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician.

We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your IIHI, as necessary, to contact you to remind you of your appointment. We may share your protected IIHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your IIHI.

We may use or disclose your IIHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your IIHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Use and disclosure of you IIHI under special circumstances

Required By Law. We may use or disclose your IIHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of maintaining vital records, such as births and deaths, reporting child abuse or neglect, preventing or controlling disease, injury or disability, notifying a person regarding potential exposure to a communicable disease, notifying a person regarding a potential risk for spreading or contracting a disease or condition, reporting reactions to drugs or problems with products or devices, notifying individuals if a product or device they may be using has been recalled, notifying the appropriate government agency and authority regarding the potential abuse or neglect of an adult patient (including domestic violence), notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight. We may disclose your IIHI to a health oversight agency for activities authorized by law, such as audits, investigations, surveys, inspections, licensure and disciplinary actions, civil, administrative and criminal procedures and actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Legal Proceedings. We may disclose your IIHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative order, in response to a discovery request or in certain conditions in response to a subpoena or other lawful process.

Law Enforcement. We may also disclose your IIHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, (6) to identify/ locate a suspect, material witness, fugitive or missing person and (7) medical emergency (not on the Practice’s premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation. We may disclose IIHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose IIHI to a funeral director in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. IIHI may be used and disclosed for organ, eye or tissue donation purposes.

Research. Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when our use or disclosure was approved by an Institutional Review Board or a Privacy Board or we obtain the oral or written agreement of a researcher that the information being sought is necessary for the research study, the use or disclosure of your IIHI is being used only for the research and the researcher will not remove any of your IIHI from our practice.

Military Activity and National Security. When the appropriate conditions apply, we may use or disclose the IIHI of individuals who are members of the U.S. or foreign military forces, including veterans, if required by the appropriate authorities.

Workers' Compensation. Your IIHI may be disclosed as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates. We may use or disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate of a correctional facility, for the safety and security of the institution, or to protect your health and safety and the health and safety of others.

Required Uses and Disclosures. Our practice will use and disclose your IIHI when we are required to do so by state, federal or local law.

Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your IIHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your IIHI, it may not be restricted. If we agree to the requested restriction, we may not use or disclose your IIHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with us. You may request a restriction by contacting our Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. You do not need to give a reason for the request. We may condition this accommodation by asking you for information as to how payment or contact with you will be handled or specification of an alternative address or method of contact. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of IIHI about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The request must state a time period, which may not be longer than six years for the date of disclosure and may not include dates before April 14, 2003. Our practice may charge you for this. We will notify you of the costs involved and you may withdraw your request before any costs are incurred.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at **530-886-8630** for further information about the complaint process.

This notice was published and becomes effective on **January 23, 2014**.

If you have any questions about this Notice, please contact our Privacy Officer, LeeAnn Vaughan at the above number.