



## 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**

**Your Choice Primary Care ("we"), and its staff, employees, trainees, students, volunteers and other personnel that have access to your medical records follow the privacy practices described in this Notice.**

**You have the following rights regarding medical information we maintain about you:**

**Right to a Paper Copy of This Notice.** A paper copy of this Notice is available in the registration desk. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. You may obtain an electronic copy of this notice on our website, <http://www.youchoimd.com>.

**Right to Inspect and Copy.** You can ask to see or get an electronic or paper copy of your medical record or health and claims records and other health information we have about you. We may charge you a fee for the costs of copying, mailing or other supplies and the labor associated with your request. You must make this request in writing. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

**Right to Amend.** You can ask us to correct your health information or health and claims records if you think they are incorrect or incomplete. You must make your request in writing and you must provide a reason for the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations purposes. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us:

- what information you want to limit;
- whether you want to limit our use, disclosure or both; and
- to whom you want the limits to apply

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by email or at work. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. In addition, we will notify you as required by law following a breach of your unsecured protected health information.

**Right to Authorize or Refuse to Authorize Other Uses and Disclosures of Medical Information.** 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 authorization. If you provide us your authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no 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 authorization, and that we are required to retain our records of the care that we provided to you

**Personal Representatives.** Unless prohibited by law, we may disclose your Health Information to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an emancipated minor is a personal representative. Your personal representative must provide evidence of his/her authority to act on your behalf. In our sole discretion, we retain the right to deny a personal representative access to your Health Information in certain circumstances, such as protecting you from abuse or neglect. Our discretion also applies to personal representatives of minors.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with the office listed in the next section of this Notice. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. *We will take no action against you and you will not be penalized for filing a complaint.*

## Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive while in our care. We need this record to provide you with quality care and to comply with certain regulatory requirements. This Notice will tell you about the ways in which we may use and disclose medical information about you. This Notice also describes your rights, and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to:

- Keep medical information that identifies you private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

## How We May Use And Disclose Medical Information About You

The following describes the ways we may use and disclose Health Information. Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such written permission at any time by writing to our Privacy Officer. Also, where state or federal laws require greater privacy protections, we will follow those more stringent requirements.

### Treatment.

We may use medical information about you to provide you with medical treatment or services. We may share your health information with doctors, nurses, technicians, trainees, students, volunteers, or other members of your health care team to keep them informed about your care status or condition as necessary. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.

**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 a third party. For example, we may need to provide your health plan with information about treatment you received for an ear infection so that your health plan will pay us or reimburse you for the treatment.

**Health Care Operations.** We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary 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 in caring for you. We may also disclose information to doctors, nurses, technicians, trainees, students, volunteers and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and 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 knowing the identities of the specific patients. We may disclose your medical information to another health care professional that you have seen so they may improve their quality or costs of care.

**Health Information Exchange (HIE).** We may make your individual medical information available to a local, regional and/or national Health Information Exchange (“HIE”) including, but not limited to, the National Health Information Network (“NHIN”). An HIE is a state and/or federal government sponsored initiative that provides a mechanism for healthcare providers in our community to share information electronically, all with a common goal of improving the quality of care for our patients while protecting the privacy and security of your medical information. For example, if you received treatment in an emergency department over the weekend and you were following up with your regular physician in their office that next week, the physician would be able to access and review your emergency department record during your office visit. This type of access provides your physician with the most current information about your care and treatment. We will only transmit your medical information to an HIE for the purposes of treatment, payment, or healthcare operations, or as required by law. Individual health information that currently by law requires an additional signed authorization for release WILL NOT be transmitted to an HIE without your consent, or as otherwise mandated by law or regulatory requirement.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Your Choice Primary Care.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care; Disaster Relief Efforts.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends about your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our site. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Your Choice Primary Care.

**Business Associates.** There are some services provided for our organization through contracts with an outside organization, also known as a business associate. Examples include billing services to submit your claim to the insurance company for payment, transcription services to transcribe dictated reports from the health professionals caring for you and copy services for making copies of your health record. When these services are performed by a business associate, we may disclose your information to our business associates so they can perform the job we have asked them to do.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**Averting a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your 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.

**Marketing and Sales.** Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

**Fundraising Activities.** We may use certain information about you (including demographic information and dates you received service) to contact you in the future in an effort to raise money for Your Choice Primary Care. We may also disclose this same information to the affiliated philanthropic foundations for the same purpose. The money raised will be used to expand and improve the services and programs we provide to the community. If you do not wish to be contacted for our fundraising efforts, you must notify the foundation director or a manager. Notification may be made in writing, including email, by phone or in person.

## **Special Situations**

**Organ and Tissue Donation.** 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.

**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.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**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 (which may include written notice to you) or to obtain an order protecting the information requested.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the 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;
- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders and dependent adults;
- to notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

**Law Enforcement.** If permitted by applicable law, 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;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the clinic; and
- in emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**Protective Services for the President, National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

**Multidisciplinary Personnel Teams.** We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

**Note on Other Restrictions.** Please be aware that certain federal or state laws may have more strict requirements on how we use and disclose your medical information. If there are stricter requirements, even for the purposes listed above, we will not disclose your medical information without your written permission, or as otherwise permitted or required by such laws.

## Contact

if you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact the Privacy Office at (585) 237-8631

## Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. The new notice will be available upon request, in our office, and on our web site. The effective date of this notice is September 1, 2014



**ACKNOWLEDGEMENT OF RECEIPT**  
**Notice of Privacy Practices**

Your name and signature on this form indicates that you have received a copy of  
Your Choice Primary Care's ***Notice of Privacy Practices*** on the date and time indicated below.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

If you have any questions regarding the information contained in Your Choice Primary  
Care's ***Notice of Privacy Practices***, please contact the Privacy Office at (585) 237-8631.