

Weiss Medical Associates
3971 Bighorn Road 7DD 485 Lindbergh Drive
Vail, CO 81657 Gypsum, CO 81637

NOTICE OF HEALTH INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

Weiss Medical Associates is committed to using and disclosing Protected Health Information (PHI*) about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your Protected Health Information and applies to all protected health information as defined by federal regulations.

WHO WILL FOLLOW THIS NOTICE

This notice describes our group's practices, as well as those of:

Any healthcare professional, employee, contractor, or other agent of this medical practice authorized to enter information into your patient medical record (chart).

All specialists or primary care consultants with whom we deal or who may assist in or consult with us on your care and treatment.

In addition, we may share medical information with any of your other healthcare providers, physicians, hospitals, HMO's, managed care plans, attorneys, insurers or other third party payers, for treatment, payment or healthcare operations purposes described in this notice.

OUR MISSION CONCERNING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. Our practice creates a record of the care and the services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice, whether made by medical practice personnel or your own personal doctor. Your personal doctor may have a different policy or notice regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

Our notice will tell you about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make certain that all medical information that identifies you is kept private
- Provide you with this notice of our legal obligations and privacy practices relating to medical information about you; and
- Follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use your PHI for treatment, payment and operational purposes. We do not require authorization to use your PHI for these purposes. We may also use or disclose your PHI without your authorization for several other reasons which we have identified in the following paragraphs.

We will use your medical information for treatment or services.

For example:

Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment for you. Your physician will document in your record his or her expectations regarding your treatment. Members of your health care team will then record the actions they took and their observations. This way your physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care 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 regular health operations.

For example:

Members of the medical staff, administration and/or the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: *There are some services provided in our organization through contact with business associates. Examples include: radiology services, certain laboratory testing, attorneys and transcription services. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to safeguard your information.*

Communication with Family: *We may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.*

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

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.*

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.*

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 your health information.*

Funeral Directors: *We may disclose health information to funeral directors consistent with applicable law to carry out their duties.*

Food and Drug Administration: We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product 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 to the extent necessary to comply with the law relating to workers compensation or other similar programs established by law.

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

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

National Security: We may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigation.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

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

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may 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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our practice. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our medical practice.

To request an amendment, your request must be made in writing and submitted to the attention of our Privacy Officer. In addition, you must provide a reason that supports your 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, unless the person or entity that created the information is no longer available to make the amendment and we agree, in sole discretion, that the amendment is correct and should be made;
- Is not part of the information which you would be permitted to inspect and copy; or

- Is already accurate and complete, as we may determine in our sole discretion.
- Is not part of the medical information kept by or for our medical practice.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a listing of the disclosures we made of medical information about you.

You must submit your request in writing to the attention of our Privacy Officer. Your request must state a time period. 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 continue with your request at that time before any costs are incurred.

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. You 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. If we do agree, 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 to the attention of our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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, only contacting you at work or by mail.

To request confidential communications, you must submit your request in writing to the attention of our Privacy Officer. Your request must specify how or where you wish to be contacted. We will not ask you for the reason for your request.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make revisions or changes to this notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our medical practice. The notice will contain an effective date on the first page. You have the right to request a copy of any changes or revisions at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact our Privacy Officer. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or by the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, 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 permission, and that we are required to retain our records of the care we have provided to you.

**PHI is individually identifiable information (including demographic information) relating to your health, to the healthcare provided to you or to payment for healthcare.*

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