

NOTICE OF PRIVACY PRACTICES

PURPOSE

To ensure that a *Notice of Privacy Practices* is provided to, and acknowledged by, each patient or his/her personal representative upon treatment with Amy Myers MD PA.

POLICY

Amy Myers MD PA's policy is to provide a *Notice of Privacy Practices* ("Notice") to each patient upon appointment to Amy Myers MD PA, and make a good faith effort to obtain a signed *Acknowledgement of Receipt of Notice of Privacy Practices* ("Acknowledgement") from the patient.

The *Notice* shall include all elements and statements that are required by law. The *Notice* shall inform the patients of:

- Uses and disclosures of Protected Health Information ("PHI") that may be made by Amy Myers MD PA;
- The patient's rights with respect to his PHI; and
- Amy Myers MD PA's legal duties with respect to such PHI.

PROCEDURE

1. The *Notice* and *Acknowledgement* forms will be included in the standard Admission Packet.
2. Amy Myers MD PA Admission Staff will provide the *Notice* to the patient at the time of appointment.
Note: In the case of an emergency treatment situation, Amy Myers MD PA will provide the *Notice* to the patient as soon as reasonably practicable after the emergency treatment situation.
3. The Administrative Staff will make a good faith effort to obtain the patient's signature on the *Acknowledgement* at the time the *Notice* is provided. The *Notice* and signed *Acknowledgement* will be kept in the patient's Business Office File.
4. If the patient refuses or is otherwise unable to sign the *Acknowledgement*, the Administrative Staff will document, on the *Acknowledgement* form, what actions were taken to obtain the patient's signature on the *Acknowledgement* and the reason(s) why a signed *Acknowledgement* was not obtained. This document will then be placed in the patient's Business Office File.
5. Amy Myers MD PA will provide a copy of the written *Notice* to patients and to other persons upon request.
6. Amy Myers MD PA will post a copy of the *Notice* in a clear and prominent location such as the entrance lobby or similar location.
7. A current version of the *Notice* will be maintained on Amy Myers MD PA's website, if any.
8. Whenever the *Notice* is revised, Amy Myers MD PA Privacy Official will assure that:
 - a. The revised *Notice* is made available upon request on or after the effective date of the revision; and
 - b. The revised *Notice* is posted in a clear and prominent location.
9. Material changes shall not be implemented prior to the effective date of the revised *Notice*.
10. A copy of each *Notice* issued by Amy Myers MD PA will be maintained for at least six years from the date it was last in effect.
11. Any member of the workforce who has knowledge of a violation or potential violation of this Policy must make a report directly to the Privacy Official. (See the Policy "Sanctions.")

This notice describes how medical information about you may be used and disclosed and how you can access information. Please review this information carefully.

How committed is Austin UltraHealth to respecting my privacy?

At Austin UltraHealth we understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Austin UltraHealth 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 medical practice. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. 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; and follow the terms of the notice that are currently in effect.

Uses and Disclosures of Protected Health Information:

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

For Treatment: In order to offer comprehensive medical care, we may need to give necessary information to doctors, nurses, technicians, other health and medical staff or others who are involved to provide, coordinate, or manage your health care and any related services. For example, a doctor treating you for a hormone balancing may need to know if you have diabetes because diabetes could slow the healing process.

For Payment: We may utilize and share medical information about you in order to ensure proper prescriptions obtained at pharmacy.

For Health Care Operations. We may use and disclose medical information about you for Austin UltraHealth's operations that are necessary to make sure all of our patients receive quality care. This includes, but isn't limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that observe patient appointments at our office or we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Appointment Reminders & Treatment Alternatives. We may use and disclose your medical information to remind you about future doctor, nutritionist, or counselor appointments or 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. In an emergency, or if you have given permission, we may release medical information about you to a friend or family member who is involved in your medical care or to someone who helps pay for your care. 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.

Are there special situations in which Austin UltraHealth may disclose my medical information?

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.

Public Health Risks & As Required by Law. We may disclose medical information about you for public health activities including: to prevent or control disease, injury or disability; to report abuse, domestic violence or neglect (with patient's consent); to report child abuse & neglect; 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.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include 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. We may disclose medical information about you in response to a court or administrative order; and 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 to Your Protected Health Information:

You can inspect and copy your medical information. You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. There are some instances where this is not possible and if a copy cannot be provided, you will be given a written explanation as to why. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Austin UltraHealth will review your request and the denial. We will comply with the outcome of the review.

You have the right to have your physician amend your medical information. If you feel that medical information we have about you is incorrect or incomplete, you may amend the information or add comments to medical information about you. 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.

You can request an Accounting of Disclosures. You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you that were not included in this booklet.

You can request restrictions on medical information. You have the right to request restriction or limit the medical information we use or disclose about you for treatment, payment or health care operations. 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. For example, you could ask that we not use or disclose information about a surgery you had. However, if we cannot honor your request, you will receive the explanation in writing. Upon registration for treatment you may discuss any changes you'd like to make at that time.

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 at work or by mail or that we send bills to another address.

Complaints:

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on or before October 9th, 2012

How will I be notified if this statement changes?

Any changes to the privacy policies will be posted on the website at www.amymyersmd.com under 'Current Patient Login' and in the monthly e-newsletter. A copy will be sent to you if requested. We reserve the right to change the terms of this notice.

What about other uses 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 permission. You may revoke that permission in writing at any time with the understanding that we are unable to take back any disclosures we have already made with your permission.

Thank you for reading this privacy statement document.

Should you have any questions, concerns or need to act on any of the items you read about, please contact our office via phone at (512) 383-5343 or email at admin@amymyersmd.com.