

NOTICE OF PRIVACY PRACTICES

Revised September 23, 2013

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. If you have any questions about this notice, please contact the Privacy Officer at **Ronald W. Atwood, M.D., P.C. dba Atwood Family Medical Center** (757) 436-1234.

This notice describes the Atwood Family Medical Center's practices and actions of:

1. Any healthcare professional authorized to enter information into your medical record.
2. All employees, staff and other personnel of Atwood Family Medical Center

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI): We understand that PHI about you and your health is personal. We are committed to protect the PHI about you. We create a record of the care and services you receive at Atwood Family Medical Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care generated at Atwood Family Medical Center, whether made by our personnel or your practitioner. This Notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

WE ARE REQUIRED BY LAW TO: Make sure the PHI that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to PHI about you; notify you of any breach or potential breach of your PHI; and follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU: The following categories describe different ways that we use and disclose PHI.

FOR TREATMENT: We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to physicians, nurses, technicians, or other Atwood Family Medical Center personnel who are involved in taking care of you at Atwood Family Medical Center. We may also disclose PHI about you to people outside of Atwood Family Medical Center who may be involved in your medical care such as other physicians, family members or other who provide services that are part of your care.

FOR PAYMENT: We may use or disclose PHI about you so that the treatment or services you receive at Atwood Family Medical Center may be billed, or payment may be collected from you, your insurance company or third party. For example, we may need to give your health plan information about procedures you received so that your health plan will pay us or reimburse you for the procedures. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose PHI about you for Atwood Family Medical Center operations. These uses and disclosures are necessary to operate Atwood Family Medical Center and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff and those caring for you. We may also combine PHI to decide what additional services Atwood Family Medical Center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians, nurses, technicians, and other Atwood Family Medical Center personnel for review

and quality assurance purposes. We may also combine PHI we have with PHI from other providers to compare our results and to determine if we can make improvements in the care and services we offer. We may remove information that identifies you from the set of PHI so others may use it to study healthcare and healthcare delivery without learning the identity of specific patients. We may use a Sign-In Sheet at the Registration desk, where you will be asked to sign your name and provide your date of birth. We may also call you by name from the Reception Area when your practitioner is ready to see you.

APPOINTMENT REMINDERS: We may use and disclose PHI to contact you as a reminder that you have an appointment for your medical care at Atwood Family Medical Center or with a specialist or facility as deemed necessary as a part of your treatment.

TREATMENT ALTERNATIVES: We may use or disclose PHI to tell you about recommended possible treatment options or alternatives that may be of interest to you.

HEALTH RELATED BENEFITS AND SERVICES: We may use or disclose PHI to tell you about health related benefits or services that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR ACARE OR PAYMENT FOR YOUR CARE: We may release PHI 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. We may also tell your family or friends your condition and that you are a patient at Atwood Family Medical Center.

RESEARCH: Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, the research project may involve comparing the health and recovery of all patients who received one medication to those who received another, with the same condition. All research projects, however, are subject to a special approval process. This process of evaluation of a proposed research project and its use of PHI tries to balance research needs with patients' need for privacy of the PHI. Before we use or disclose PHI for research, the project will be approved in accordance with the research approval process, but we may, however, disclose PHI about you to people preparing to conduct a research project, for example, to help identify patients with specific medical needs, as long as the PHI they review does not leave Atwood Family Medical Center. We will also 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 Atwood Family Medical Center.

AS REQUIRED BY LAW: We will disclose PHI about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH AND SAFETY: We may use and disclose PHI about you to a person able to help prevent a serious threat to your health and safety or that of another person.

MILITARY AND VETERANS: If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

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WORKERS' COMPENSATION: We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

PUBLIC HEALTH RISK: We may disclose PHI about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; 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 that we believe the patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or if we are authorized by laws.

HEALTH OVERSIGHT ACTIVITIES: We may disclose PHI 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 dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery requests, or other lawful process by someone else involved in the disputes, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT: We may release PHI 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 a 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 Atwood Family Medical Center; and in emergency circumstances to report a crime; the location of the crime victims; or the identity, description or location of the person who committed the crime.

FOOD AND DRUG ADMINISTRATION (FDA) REGULATED PRODUCTS AND ACTIVITIES: We may disclose PHI without your authorization, to a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities such as collection or reporting adverse events, dangerous products, and defects or problems with FDA-regulated products.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, or other national security activities.

PROTECTED SERVICES FOR THE PRESIDENT AND OTHERS: We may release PHI about you to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

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CORNONERS, MEDICAL EXMAINERS AND FUNDERAL DIRECTORS: We may release PHI to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release PHI about patients of Atwood Family Medical Center to funeral directors as necessary to carry out their duties.

INMATES: If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety, or the health and safety of others, or the safety and security of the correctional institution.

YOU HAVE THE FOLLOWING RIGHTS REGARDING PHI WE MAINTAIN ABOUT YOU:

RIGHT TO AUTHORIZE: You have the right to authorize disclosures of your PHI with regards to psychotherapy treatment that you are receiving, use of your PHI for marketing, and sales of your PHI for uses other than your medical treatment.

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy PHI that may be used to make decisions about your care. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to your practitioner. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect a copy under certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. Another practitioner, chosen by Atwood Family Medical Center, will review your request and the denial. The person conducting a review will not be the person who denied your request. We will comply with the outcome of that review.

RIGHT TO AMEND: If you feel the PHI 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 Atwood Family medical Center. To request an amendment, your request must be made in writing and submitted to your practitioner. In addition, you must provide a reason that supports 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, unless the personal or entity that created the information is no longer available to make the amendment; is not part of the PHI kept by or for Atwood Family Medical Center; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an accounting of disclosures. This is a list of disclosures we made of PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to your practitioner. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list. The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the cost of providing the list. We

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will notify you of the cost involved so that you may choose to withdraw or modify your request at the time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or with the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request of information unless it is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to your practitioners. In your request, you must tell us what information you want to limit, whether you want to limit the use, disclosure or both, and to whom you want the limits to apply, for example, disclosure to your spouse.

RIGHTS 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. To request confidential communications, you must make your request in writing to your practitioner. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice. We reserve the right to make the revised or change notice effective for PHI 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 the office of Atwood Family Medical Center. The Notice will contain on the first page, near the top left corner, the effective date. In addition, each time you are treated at Atwood Family Medical Center, you may ask for a copy of the current Notice.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with Atwood Family Medical Center or with the Secretary of the Department of Health and Human Services. To file a complaint with Atwood Family Medical Center, contact the Privacy Officer at Atwood Family Medical Center. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF PHI: Other uses and disclosures of PHI not covered by this Notice that will also apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

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