

## **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.**

**WHO WILL FOLLOW THIS NOTICE:** We may use your medical information, also known as protected health information (“PHI”), for treatment, payment, operations, or research purposes as described in this notice. PHI is information about you that can reasonably be used to identify you and that relates to your past, present or future physical or mental health condition, the provision of health care to you or the payment for that care. All employees of Rajsree Nambudripad MD, A Professional Corporation (the “Practice”) follow these privacy practices. The practitioners on our staff will also follow this notice when they work at each Practice.

Federal and State laws require us to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is still in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

### **ABOUT THIS NOTICE**

This notice will tell you about the ways 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 your medical information;
- follow the terms of the notice that is currently in effect; and
- notify individuals, either known or reasonably believed to be affected, following a breach of unsecured protected health information.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

- For Payment.

We may use and disclose medical information about you so that we may bill for treatment and services you receive at the Practice and collect payment from you, an insurance company or another party. For example, we may need to give information about the medical care you received at the Practice to your health plan so that the plan will pay us or reimburse you for the applicable treatment.

We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law.

- Research.

In certain circumstances, we may use and disclose PHI about a patient 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 an approval process. This process evaluates a proposed research project and its use of PHI to balance research needs with patients' needs for privacy. Before we use or disclose PHI for research, the project will be approved through this process. However, we may disclose medical information a patient to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave the Practice premises. When required by law, we will ask for specific written authorization if the researcher will: (i) have access to a patient's name, address or other information that reveals who the patient is, or (ii) be involved in patient care at the Practice.

- As Required By Law.

We will disclose medical information about you when required to do so by federal, state or local law

## **SPECIAL SITUATIONS**

- State Law.

In certain states, special privacy protections apply to certain information, including genetic, sexually transmitted disease, or mental health information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, and if applicable state laws govern, such information will be further protected pursuant to applicable state law. For further information, please contact us using the contact information listed on the last page of this Notice.

- Drug and Alcohol Abuse Information.

The confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, a health care provider may not say to a person outside a treatment program that a patient attends a program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- The patient consents in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

- Organ and Tissue Donation.

If you are an organ or tissue donor, we may release medical information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.

- Military and Veterans.

If you are a member of the armed forces of the United States or another country, we may release medical information about you as required by military command authorities.

- Workers' Compensation.

We may release medical information about you for workers' compensation or similar programs.

- Public Health Risks.

We may disclose to authorized public health or government officials medical information about you for public health activities. These activities generally include the following:

- to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
- to prevent or control disease, injury or disability;
- to report disease or injury; o to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications and food or problems with products; o to notify people of recalls or replacements 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.

- Health Oversight Activities.

We may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.

- 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 legal demand 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.

- Law Enforcement.

We may release medical information about you if asked to do so by a law enforcement official: o in response to a court order, subpoena, warrant, summons or similar process; o to identify or locate a suspect, fugitive, material witness or missing person; o about the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement; o about a death we believe may be the result of criminal conduct; o about criminal conduct at the Practice or by healthcare providers affiliated with the Practice; o 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; and o to authorized federal officials so they may provide protection for the President and other authorized persons or conduct special investigations.

- Coroners, Medical Examiners and Funeral Directors.

We may release medical information about you 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 to funeral directors so they can carry out their duties.

- National Security and Intelligence Activities.

We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

- To a School.

We may disclose information to a school, about an individual who is a student or prospective student of the school, if: o The protected health information that is disclosed is limited to proof of immunization; o The school is required by State or other law to have such proof of immunization prior to admitting the individual; and

- The covered entity obtains and documents the agreement to the disclosure from either:
- A parent, guardian, or other person acting in loco parentis of the individual, if the individual is an un-emancipated minor; or
- The individual, if the individual is an adult or emancipated minor.

- Other Uses and Disclosures.

Other uses and disclosures not described in this Notice will be made only with your written authorization, and you may revoke such authorization provided under this section at any time, provided that the revocation is in writing, except to the extent that we have taken action(s) in reliance upon your authorization; or if the authorization was obtained as a condition of obtaining insurance coverage.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding protected medical information that Rajsree Nambudripad, MD maintains about you:

- Right to Inspect and Copy.

You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually, this includes medical and billing records. This right does not include psychotherapy notes, information compiled for use in a legal proceeding or certain information maintained by laboratories. In order to review and/or obtain a copy of your protected health information, your request must be made in writing. We may charge a fee for the costs of producing, copying, and mailing your requested information or other supplies associated with your request. The necessary costs will be informed to you. If you are denied access to medical information, you may request in writing that the denial be reviewed. To request a review, contact the Privacy Office. This contact information is listed on the last page of this Notice. A licensed healthcare professional will conduct the review. We will comply with the outcome of the review.

- Right to Amend Your Protected Health information

If you think that medical information about you maintained by Rajsree Nambudripad, MD is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as the information is kept by or for the Practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, listed on the last page of this Notice. In addition, you must give 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;
- is not part of the medical information kept by or for the Practice;
- is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. We will provide you with written notice of action we take in response to your request for an amendment.

If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.

● **Right to an Accounting of Disclosures.**

You have the right to request an "accounting of disclosures" we have made of your protected health information.

This is a list of certain disclosures we made of medical information about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment or healthcare operations or made pursuant to an authorization signed by you. This list may also exclude certain other disclosures, such as for national security purposes. To request an accounting of disclosures, you must submit your request in writing to the Privacy Office. This contact information is listed on the last page of this Notice. Your request must state a time period, which may not be longer than six years and may not include dates before **April 14, 2003**. Your request should indicate in what form you want the list (paper or electronically). We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you for our reasonable retrieval, list preparation and mailing costs for the second and subsequent requests. We will notify you of the costs involved and you may choose to withdraw or modify 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 healthcare 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, such as a family member or friend. Additionally, you can request restrictions on medical information disclosed to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the information pertains solely to a health care item or service for which you, or person other than the health plan on your behalf, has paid us in full. To request a restriction, you must contact the Privacy Office. This contact information is listed on the last page of this Notice.

Your request for a restriction must be made in writing. ***However, we are not required to agree to your request.*** If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment. In your request, you must state (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.

You may terminate the restriction at any time. If we terminate the restriction, we will notify you of the termination. We are not able to terminate or refuse your request for restrictions to disclosures to health

plans if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the information pertains solely to a health care item or service for which you, or person other than the health plan on your behalf, has paid us in full.

- **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 if the communication could endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit a written request to the Privacy Office. This contact information is listed on the last page of this Notice. Your request must clearly state that all or part of the communication from us could endanger you. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will attempt to accommodate reasonable requests.

- **Right to a Paper Copy of This Notice.**

You have the right to a paper copy of this Notice, even if you had previously agreed to receive an electronic copy. You may get an additional copy of this Notice at any time by contacting us. This contact information is listed on the last page of this Notice.

- **Contact Information for Exercising Your Rights**

You may exercise any of the rights described above by contacting our privacy office. See the end of this Notice for the contact information.

## **HEALTH INFORMATION SECURITY**

Rajsree Nambudripad, MD requires its employees to follow its security policies and procedures that limit access to protected health information about clients, patients, or customers to those employees who need it to perform their job responsibilities. In addition, Rajsree Nambudripad, MD maintains physical, administrative, and technical security measures to safeguard your protected health information.

## **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 about you we already have as well as any information we receive in the future. We will post copies of the current Notice at the Practice. The Notice will contain the effective date. In addition, each time you register at the Practice for treatment or healthcare services, we will make available copies of the current Notice. Any revisions to our Notice will also be posted on our website. Any time we make a material change to this Notice, we will promptly revise and issue the new Notice with the new effective date.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. To file a complaint with the Practice, please call or write to the Privacy Office. This contact information is listed on the last page of this Notice. You will not be penalized for filing a complaint.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not described in this Notice or the laws that apply to us will be made only with your written authorization on a Practice authorization form. If you provide us

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. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also 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.

### **HIPAA Notice of Privacy Practices**

Rajsree Nambudripad MD Professional Corporation Acknowledgement of Notice of Privacy Practices

The Notice of Privacy Practices describes how Protected Health Information about you may be used and disclosed and how you can get access to this information. Please review It carefully.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of our practice, its medical staff, and affiliated health care providers that jointly perform payment activities and business operations with our Practice. "Protected Health Information" is information about you, including demographic information that may identify you and genetic information, and that relates to your past, present or future physical or mental health or condition and related health care services.

This Acknowledgement Form will become part of your permanent medical record.

FOR MORE INFORMATION OR FURTHER QUESTIONS PLEASE CONTACT:

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