

PRIVACY NOTICE

October 1, 2006

NOTICE OF PRIVACY PRACTICES

*As Required by
the Privacy
Regulations
Created as a
Result of the
Health Insurance
Portability and
Accountability
Act of 1996
(HIPAA)*

*IF YOU HAVE
QUESTIONS
ABOUT THIS
NOTICE,
PLEASE
CONTACT OUR
STAFF*

*As required
by the
Federal
Government*

REDI CARE SOUTH

*THIS NOTICE DESCRIBES
HOW HEALTH
INFORMATION ABOUT
YOU AS A PATIENT MAY
BE USED AND
DISCLOSED, AND HOW
YOU CAN GET ACCESS TO
YOUR "INDIVIDUALLY
IDENTIFIABLE HEALTH
INFORMATION"-(IIHI).*

OUR COMMITMENT TO PRIVACY

Our practice is dedicated to maintaining the privacy of your **Individually Identifiable Health Information (IIHI)**. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and

WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION, (IIHI), IN THE FOLLOWING WAYS:

1. Treatment. Our practice will use your IIHI to treat you, write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

We may also disclose your IIHI to other health care providers for purposes related to your treatment.

2. Payment. Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

3. Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you.

4. Disclosures Required By Law. Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

disclosure of your IIHI

Workers' Compensation. Our practice may release your IHI for workers' compensation and similar programs.

YOUR RIGHTS REGARDING YOUR IHI

You have the following rights regarding the IHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to us. Our practice will accommodate **reasonable** requests.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IHI for treatment, payment or health care operations. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You must make your request in writing.

(b)

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for an amendment. Our practice will deny your

request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IHI kept by or for the practice; (c) not part of the IHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IHI for non-treatment, non-payment or non-operations purposes. Use of your IHI as part of the routine patient care in our practice is not required to be documented. Our practice will notify you of the

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Dr. Peters. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IHI may be revoked at any time in writing. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our staff.

I, _____, have received, read and understand REDI CARE SOUTH's Notice of Privacy Practices.

Date _____

It is not mandatory to sign this form to receive Medical Care.