

RENEE GEBHART NOTICE OF PRIVACY PRACTICES

Effective April 1, 2009

THIS NOTICE DESCRIBES HOW HEALTH 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 Renee Gebhart at: 314-276-1680.

WHO WILL FOLLOW THIS NOTICE

This Notice describes our practices and that of:

- ⌚ Any health care professional authorized to enter information into your health record.
- ⌚ Any person that is involved with this practice in a clinical or administrative role.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and 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. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. 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 of the categories.

- ⌚ **For Treatment.** We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses, technicians, health care students, clergy, or others who are involved your care.
- ⌚ **For Practice Operations.** We may use and disclose health information about you for Practice operations. These uses and disclosures are necessary to run the Practice and make sure that all of our clients receive quality care. We may also disclose information to doctors, nurses, technicians, health care students, and other Practice personnel for review and learning purposes.
- ⌚ **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or other services.
- ⌚ **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternative services that may be of interest to you.
- ⌚ **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits, services, or health education classes that may be of interest to you.

- ⌚ **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a care giver who may be a friend or family member. We may also give information to someone who helps pay for your care.
- ⌚ **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

SPECIAL SITUATIONS

- ⌚ **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- ⌚ **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ⌚ **Public Health Risks (Health and Safety to you and/or others).** We may disclose health information about you for public health activities. We may use and disclose health information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or 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;
 - 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 when required or authorized by law.
- ⌚ **Health Oversight Activities.** We may disclose health information 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 a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- ⌚ **Law Enforcement.** We may release health information 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 the 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 the agency; and

- 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.
- ⌚ **Coroners, Health Examiners and Funeral Directors.** We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about clients of the Person to funeral directors as necessary to carry out their duties.
- ⌚ **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ⌚ **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state.
- ⌚ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health 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 that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- ⌚ **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records.

To inspect and copy health information that may be used to make decisions about you, you must submit this request in writing to Renee Gebhart. If you request a copy of the information, we will charge a usual and customary fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ⌚ **Right to Amend.** If you feel that health 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 the practice.

To request an amendment, your request must be made in writing and submitted to Renee Gebhart. 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.
 - Is not part of the health information kept by or for the practice;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- 🕒 **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health 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.
- 🕒 **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Privacy Notice. You may ask us to give you a copy of this Privacy Notice at any time.

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 health 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 on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Renee Gebhart. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. **The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**