

## **NOTICE OF PRIVACY PRACTICES**

### **Uses and Disclosures:**

**Treatment** – Your health information may be used to staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment** – Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurer or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health Care Options** – Your health information may be used as necessary to support the day to day activities and management of Village Internal Medicine. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

**Law Enforcement** – Your health information may be disclosed to public health agencies, without permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with the government mandated reporting.

**Public Health Reporting** – Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other Uses and Disclosures Require Your Authorization:** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use of the disclosure of the information that occurred before you notified us of your decision.

### **Additional Uses of Information (Require your Authorization)**

**Appointment Reminders** – Your health information will be used by our staff to send and or call you with appointment reminders. Our policy regarding reminder calls that are answered by voicemail or an answering machine, we will leave a message stating the name of our office, our telephone number, and the date and time of the upcoming appointment.

**Information About Treatments** – Your health information may be used to send you information on the treatment and management of your medical condition that you may find of interest. We may also send you information describing other health related goods and services that we believe may interest you.

**Individual Rights:** You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

**VILLAGE INTERNAL MEDICINE RESPONSIBILITIES:** We are required to abide by privacy policies and practices that are outlined in this notice.

**Rights to Revise Privacy Practices:** As permitted by law we reserve the right to amend or modify our privacy practices or policies. These changes in our policies and practices may be required by changes in the federal and state laws/regulations. Whatever the reason for these revisions, we will provide you revised policy upon your next office visit. The revised practices and policies will be applied to all protected health information.

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