



## **EPC Notice of Privacy Practices**

Effective September 23, 2013

### **Your Information. Your Rights. Our Responsibilities.**

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 want more information about any part of this notice or if you want more information about our privacy practices, please contact:

Privacy Officer –  
(737) 226-6713

This notice applies to the information we have about you, your health, health status, and the health care and services you receive from us.

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **You may request an electronic or paper copy of your medical record.**

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **You may ask us to correct your medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **You may request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

#### **You may ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket *in full*, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### **You may obtain a list of those with whom we have shared information**

- You can ask for a list (accounting) of the times we've shared your health information for up to 6 years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.



**You may obtain a copy of this privacy notice.**

**You may choose someone to act for you.**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**You may file a complaint if you feel your rights are violated.**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- *Sharing information with your family, close friends, or others involved in your care -Unless you object, we may disclose to a family member, a close friend, or any other person you identify, your health information that directly relates to that person's involvement in your health care. You have a right to request that your health information not be shared with some or all of your family and friends. This will be stored in your Emergency Contacts in the EHR.*
- *Share information in a disaster relief situation - Unless you object, we may share your health information with disaster relief organizations that seek your health information to coordinate your care, or notify family and friends of your location or condition in a disaster.*

*If you are able and available to agree or object to such sharing of your health information, we will give you the opportunity to object prior to sharing it. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In the following cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes, if any.

In the case of fundraising:

- We will not contact you for fundraising purposes, as we do not do fundraising.

## **Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

**For treatment**



We can use your health information and share it with other professionals who are treating you.

### **For our operations**

We can use and share your health information to run our company including quality/education, improve your care, and contact you when necessary. This includes sharing your health information with our business associates and subcontractors, who are contracted to perform certain functions on our behalf. Business associates are required by applicable law to keep your health information confidential.

### **For payment**

We can use and share your health information to bill and get payment from health plans or other entities.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

### **Work with a medical examiner or funeral director**

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**



We can share health information about you in response to a court or administrative order, subpoena, warrant, summons, or similar process.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it, if requested.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our offices, and on our web site and/or your patient portal.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact: [info@elitepatientcare.com](mailto:info@elitepatientcare.com)

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Signature

\_\_\_\_\_  
Date