We will use your health information for regular health operations.

We may disclose your health information for our routine operations. These uses are necessary for certain administrative financial, legal, and quality improvement activities that are necessary to run our practice and support the core functions.

For example

Members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide and to reduce health care costs.

Appointment Reminders

We may disclose medical information to provide appointment reminders (e.g., contacting you at the phone number you have provided to us and leaving a message as an appointment reminder).

Decedents

Consistent with applicable law, we may disclose health information to a coroner, medical examiner, or funeral director.

Workers Compensation

We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Research

We may disclose information to researchers when their research has been approved and the researcher has obtained a required waiver from the Institutional Review Board/Privacy Board, who has reviewed the research proposal.

Organ Procurement Organizations

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of donation and transplant.

As Required By Law

We may disclose health information as required by law. This may include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request, or other legal process, or complying with health oversight activities, such as audits, investigations, and inspections, necessary to ensure compliance with government regulations and civil rights laws.

Specialized Government Functions

We may disclose health information for military and veterans affairs or national security and intelligence activities.

Business Associates

There are some services provided in our organization through contacts with business associates. Some examples are billing or transcription services we may use. Due to the nature of business associates' services, they must receive your health information in order to perform the jobs we've asked them to do. To protect your health information, however, when these services are contracted we require the business associate to appropriately safeguard your information.

Practice Marketin

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you (for example, to notify you of any new tests or services we may be offering).

Food And Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Personal Representative

We may use or disclose information to your personal representative (person legally responsible for your care and authorized to act on your behalf in making decisions related to your health care).

To Avert A Serious Threat To Health/Safety

We may disclose your information when we believe in good faith that this is necessary to prevent a serious threat to your safety or that of another person. This may include cases of abuse, neglect, or domestic violence.

Communication With Family

<u>Unless you object</u>, health professionals, using their best judgment, may disclose to a family member or close personal friend health information relevant to that person's involvement in your care or payment related to your care. We may notify these individuals of your location and general condition.

Disaster Relie

<u>Unless you object</u>, we may disclose health information about you to an organization assisting in a disaster relief effort.

For all *non-routine* operations, we will obtain your written authorization before disclosing your personal information. In addition, we take great care to safeguard your information in every way that we can to minimize any incidental disclosures.

MONTGOMERY PULMONARY CONSULTANTS, P.A.



NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003

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.

Our Promise To You,
Our Patients

Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

building, passwords to protect databases, compliance audits, and your personal information. We have physical security in our your information is limited to those who need it to perform their virus/intrusion detection software. Within our practice, access to We maintain protocols to ensure the security and confidentiality of

information as defined by federal regulations. effective April 14, 2003, and applies to all protected health relate to your protected health information. disclose that information. It also describes your rights as they you responsibly. This Notice of Privacy Policies describes the committed to treating and using protected health information about At the offices of Montgomery Pulmonary Consultants, P.A., we are personal information we collect, and how and when we use or This Notice is

Understanding Your Health Record

a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a: symptoms, examination and test results, diagnoses, treatment, and record of your visit is made. Typically, this record contains your Each time you visit Montgomery Pulmonary Consultants, P.A., a

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source of data for medical research,
- Source of information for public health officials charged to improve the health of the state and nation,
- Source of data for our planning and marketing, and
- Tool by which we can assess and continually work to improve
- the care we render and outcomes we achieve.

understand who, what, when, where, and why others may access your health information; and make more informed decisions when information is used helps you to: ensure its accuracy; better authorizing disclosure to others. Understanding what is in your record and how your health

Your Health Information Rights

belongs to you. You have the right to: Montgomery Pulmonary Consultants, P.A., the information Although your health record is the physical property of

- Obtain a paper copy of this notice of privacy policies upon
- Inspect and obtain a copy your health record as provided by 45 CFR 164.524 (reasonable copy fees apply in accordance with
- Amend your health record as provided by 45 CFR 164.526,
- as provided by 45 CFR 164.528, Obtain an accounting of disclosures of your health information
- information as provided by 45 CFR 164.522(b), and Request confidential communications of your health
- are not required by law to agree to a requested restriction). Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522(a) (however, we

Our Responsibilities

Our practice is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction,
- communicate your health information. Accommodate reasonable requests you may have to

maintain. We will keep a posted copy of the most current notice in you may obtain a copy of the current notice in effect upon request. our facility containing the effective date in the top, right-hand provisions effective for all protected health information we corner. In addition, each time you visit our facility for treatment, We reserve the right to change our practices and to make the new

provided by 45 CFR 164.508(b)(5), except to the extent that action without your written authorization, which you may revoke as other than described in the section regarding Examples Of has already been taken. Disclosures For Treatment, Payment, And Health Operations, We will not use or disclose your health information in a manner

For More Information Or To Report A Problem

may contact our practice's Privacy Officer: If you have questions and would like additional information, you

Janet Moore, at (334) 281-4140

office for Alabama is as follows: either our practice or the OCR. The address for the OCR regional (OCR). There will be no retaliation for filing a complaint with Civil Rights, U.S. Department of Health and Human Services either file a complaint with Janet Moore, or with the Office for If you believe your privacy rights have been violated, you can

61 Forsyth Street, SW., Atlanta Federal Center, Suite 3B70 Office for Civil Rights U.S. Department of Health and Human Services Atlanta, GA 30303-8909

Examples Of Disclosures For Treatment, Payment, And Health Operations

We will use your health information for treatment.

in the provision, management, or coordination of your care. providers, our practice personnel, or third parties who are involved We may provide medical information about you to health care

For example:

you. Your medical information will be shared among health care to determine the course of treatment that should work best for your health care team will be recorded in your record and used Information obtained by a nurse, physician, or other member of

professionals involved in your care.

reports that should assist them in treating you health care provider(s) (when applicable) with copies of various We will also provide your other physician(s) or subsequent

We will use your health information for payment.

payment for the health care services you receive. We may disclose your information so that we can collect or make

For example:

necessary information to that plan to obtain payment for your If you participate in a health insurance plan, we will disclose