

Doctors' Care Family Medical Services

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Notice of Privacy Practices

As required by the Health Insurance Portability & Accountability Act, 45 CFR Parts 160 & 164

Effective Date: April 14, 2003 and most recently revised October 16, 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. You have certain rights, and we have certain legal obligations. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time, and reserve the right to do so. The new notice will be effective for all PHI that we maintain at that time. Any revised Notice of Privacy Practices will be made available upon request.

Protected Health Information (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

Uses and Disclosures of Protected Health Information without Your Authorization or Consent

Treatment: We may use and disclose PHI to provide, coordinate, or manage your health care and any related services. Disclosures may be made, but not limited to a home health agency, a referral physician, a reference laboratory, an imaging center, or a hospital involved in your care.

Payment: We may use and disclose PHI so that we can bill for the treatment and services you receive from us, and we can collect from you, an insurance company, or another third party. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose PHI for our health care operations. For example, we may use PHI for our general business management activities, quality assessment, employee review, cost management activities, audits, and to get legal services.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits/Services: We may use and disclose PHI to contact you to provide test results, appointment reminders, or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Minors: We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Personal Representative: If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your PHI.

Other Uses and Disclosures that may be made Without Your Authorization or Opportunity to Object

Required By Law: We will disclose your PHI when required to do so by international, federal, state, or local law.

Business Associates: We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company for our billing, our collections, medical record processing, and for consulting purposes. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI.

Organ and Tissue Donation: If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation, such as an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Public Health: We may use or disclose PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure. The disclosure will be made in accordance with state law.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure, and activities for the government to monitor healthcare systems, government programs, and compliance with civil rights laws.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative order in certain conditions in response to a subpoena, discovery request or other lawful process. We may also use or disclose PHI to defend ourselves if you file a suit against us.

Law Enforcement: We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes: (1) legal processes and otherwise required by law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the practice; and (6) a medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Coroners, medical examiners and funeral directors: We may disclose PHI to a coroner, medical examiner, or funeral director, in order to permit them to carry out their duties.

Serious threat to health or safety: Consistent with applicable laws and standards of ethical conduct, we may use or disclose PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is to a person(s) reasonably able to prevent or lessen the threat.

Military and Veterans : When required by military command authorities, we may disclose PHI of Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for separation or discharge from military service; (3) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (4) to foreign military authority if you are a member.

Workers' Compensation: PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related injuries or illness without regard to fault.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose your PHI in order for the institution to provide you health care and safety to others.

National Security: We may disclose PHI to authorized federal officials for national security activities authorized by law. For example, we may disclose PHI to officials to ensure protection of the President.

Other Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Care or Payment for Your Care: We may disclose PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to and opt out of such a disclosure whenever we practicably can do so.

Disaster Relief: We may disclose your PHI to disaster relief organizations that seek PHI to coordinate care, or notify family and friends of your location or condition in a disaster. We will provide you an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Uses and disclosures for marketing purposes and disclosures that constitute a sale of PHI can only be made with your written authorization. Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will only be made with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer, and we will no longer disclose PHI under the authorization. Disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of PHI. Please check with our Privacy Officer for information about the special protections that do apply. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

Your Rights Regarding Your PHI

You have the right to request a restriction of your protected health information. You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members, friends or any other person who may be involved in your care or for notification purposes. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you request. If we do agree to the requested restriction, we must abide by it unless it is for emergency treatment.

You have the right to receive communications concerning your protected health information in a confidential manner. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Requests must be written.

You have the right to inspect and copy your protected health information. You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI, but you do not have a right to inspect or copy psychotherapy notes. A designated record set contains medical and billing records and any other records about you that your physician and the practice uses for making decisions about you. If we deny your access to your protected health information, we will provide you with a reason for the denial. In some instances, a right to have a decision to deny access can be reviewed. You may be charged a reasonable fee for any copies of your records as allowed under state law. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal benefit program.

You have the right to an electronic copy of electronic medical records. If your PHI is maintained in one or more designated record sets electronically (for example an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with copying or transmitting the electronic PHI. If you chose to have your PHI transmitted electronically, you will need to provide a written request to this office listing the contact information of the individual or entity who should receive your electronic PHI.

You have the right to receive notice of a breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured PHI.

You have the right to amend protected health information. If you feel that PHI we have 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 us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. We may deny your request 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 (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect and copy, or (4) is accurate and complete. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.

You have the right to an accounting of disclosures. You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your PHI. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations purposes, (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing to our Privacy Officer. Your request must state a time period which may not be longer than 6 years before your request. Your request should indicate in what form you would like the accounting (on paper or by e-mail). The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, a reasonable cost of providing the accounting will be assessed. After costs are determined, you may choose to withdraw or modify your request before the costs are incurred.

You have the right to obtain a paper copy of this notice from us at any time, even if you have agreed to receive this Notice electronically.

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the beginning of this Notice. We may ask you to fill out a form that we will supply. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail.

Changes to This Notice

The effective date of the Notice is stated. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint. The Privacy Officer for Doctors' Care is Roger S. Buck, M.D..

Physician Disclosure: Dr. Roger S. Buck, Dr. Juan W. Saxon, and Dr. Dallas C. Wilcox are shareholders of Riverview Regional Medical Center.

I acknowledge that I have received a copy of the privacy policies of Doctors' Care Family Medical Services, and I hereby authorize Doctor's Care Family Medical Services to furnish information to insurance carriers and any other medical providers rendering services to me under the direction of Doctors' Care Family Medical Services concerning my illnesses and treatments rendered by them and their providers. Doctors' Care Family Medical Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Date Signature of Patient or Personal Representative Name of Patient or Representative (please print) Relationship if not patient