

Notice of Privacy Policies for Karen E. Goodrich, M.D., Inc.

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

We are committed to using protected health information about you in a responsible manner. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective December 15, 2008 and applies to all protected health information as defined by federal regulations. “We” and “Our office” refers to the office of Karen E. Goodrich, M.D., Inc. when used in the following notice.

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

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

Although your health record is the physical property of our office, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our office 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 about you

- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Please contact our office if you have any concerns or questions regarding this notice or our privacy practices.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that is most appropriate for you. Your physician will document in your record her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide other physicians or a subsequent health care provider with copies of various reports that will assist him or her in treating you.

We will use your health information for payment.

For example: Our practice may use and disclose information that identifies you in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members, subscribers of the insurance, parents, etc. Also, we may use your health information to bill you directly for services and items.

We will use your health information for regular health operations.

For example: Members of the medical staff 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 health care and service we provide.

Business associates. There are some services provided in our organization through contacts with business associates. Examples include physician services in the Emergency Department and Radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification and Communication with family. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object we will give you opportunity to object prior to making these disclosures, although we may disclose this information in a disaster or emergency even over your objection if we believe it is necessary to respond to the emergency circumstance. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Funeral directors. We may disclose information to funeral directors consistent with applicable law to carry out their duties.

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 tissue donation and transplant.

Appointment reminders. We may contact you to provide appointment reminders. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Sign in sheet. We may disclose information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

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.

Workers compensation. We may disclose health information to the extent authorized by and to the extent 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.

Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Authorization for medical records. Acceptance or release of your medical records will be in person, via mail or fax.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.