

Notice of Patient Privacy Practices

We are required by both state and federal law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. In an effort to do this, we have established a Patient Privacy Practice to be effective April 1, 2003. This notice will be effective until we replace it. To ensure that all patients are familiar with our new standards, we ask that you take a moment to read the enclosed Patient Privacy Practices Standards. We will then ask that you sign an acknowledgement of receipt of our Patient Privacy Practice,

Patient Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is very important to us.

OUR PLEDGE REGARDING HEALTH INFORMATION

The privacy of your health information is very important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services that you receive at our practice. The purpose of this record is to provide you with quality care and to comply with certain legal requirements. The Patient Privacy Practice will tell you about the ways that our practice may use and share your health information. It will also describe your rights as a patient, as well as our duties regarding the use of disclosure of health information.

OUR DUTY:

As a practice, we are required by applicable state and federal laws to:

- Maintain the privacy of your health information
- Provide our patients with a notice of our privacy practices, legal duties, and your rights concerning your health information
- Abide by the terms of the notice

OUR RIGHTS:

As a practice, we reserve the right to:

- Change our privacy practice and the terms of this notice at any time, provided the changes are permitted by law

- Make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. **However, before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.**

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. Below, we have listed different ways that we are permitted to use and disclose your health information.

We will not use or disclose your health information for any purpose not listed below without your specific written authorization. Any written authorization that you provide may be revoked at any time by writing us.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation,

certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, or your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment

and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written consent.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or other domestic violence or the possible victim or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety of the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, text, postcards, or letters).

INDIVIDUAL PATIENT RIGHTS

As a patient of this practice, you have the right to:

- Look at or get copies of your health information, with limited exceptions. You must make a request in writing

to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$1.00 for each page and postage if you want the copies mailed to you.

- Receive a list of instances in which we or our business associates shared your medical information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. **However, we cannot comply with this request before April 14, 2003.**
- Request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
- Request that we communicate with you about your health information by alternative means or to alternative locations. **You must make a written request.**
- Request that we amend your health information. We may deny your request if we did not create the information that you want changed or under other circumstances. If your request is denied, we will provide you with written explanation. If your request is accepted, We will inform you along with our business associates to help assure that your

health information is appropriately changed.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: Privacy Officer

2662 E. Joyce Blvd., Ste 1

Fayetteville, AR 72703

479-521-3107(ph)

479-521-4958(fax)

bjonesrdds@aol.com (e-mail)