

Laurence Scott Fox D.O.

Fox West Medical LTD

Privacy Policy

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. CAREFULLY.

Introduction

At the office of Dr. Scott Fox we are committed to treating and using protected health information about you responsibly. 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 April. 1, 2007, and applies to all protected health information as defined by federal regulations.

Every time you are seen by, or communicated with by Dr. Fox the following may be recorded

Symptoms, examination, test results, diagnoses, treatment, past, present and proposed.

This information, often referred to as your health medical record, serves in/as:

- Planning your care and treatment.
- Communication with health professionals who contribute to your care.
- As a legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating other health care professionals
- For medical research data
- A source of information for public health officials
- A source of data for our planning and marketing

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 more informed decisions when authorizing disclosure to others

Your Rights

Although your health record is the physical property of Dr. Fox 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 as provided for in 45 CFR 164.524, Amend your health record as provided in 45 CFR 164.528. Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528. Request communications of your health

information by alternative means or at alternative locations. Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. and Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

The office of Dr. L.S. Fox 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, and 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. Should our information practices change we will mail a revised notice to the address you've supplied us.

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

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights. U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office of Civil Rights
U.S. Department of Health and Human Services 200 Independence Avenue, S. W.
Room 509F. HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

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 should work best for you.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist

Your treatment records will also be shared with your primary care provider at their request in an effort to coordinate proper health care.

In the event that your insurance company request documents to confirm treatment was provided these records will be released.

Your records will be utilized in risk management and quality of care reviews. Your records may be discussed and released to the Emergency Department should any reason arise.

Notification: 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.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. _____ **initials**

Research: We may disclose information to researchers when their research has been approved by art institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide appointment reminders **or information about treatment alternatives or other health-related benefits and services that may be of interest to 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

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.

Signature _____

Date _____