

NOTICE OF PRIVACY PRACTICES

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.

If you have any questions, please contact our Privacy Officer at the address/telephone number on the back page of this notice.

Who will follow this notice?

The information privacy practices in this notice will be followed by:

- All physicians and employees within our organization.
- Any business associate (third party) with whom we share health information.

Our pledge to you.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain. We are required by law to:

- Keep medical information about your private.
- Give you this notice of our legal duties and privacy practices as it relates to medical information about you.
- Follow the terms of the notice that is currently in effect.

Changes to this Notice.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas. You can receive a copy of the current notice at any time. The effective date is listed just below the title. Upon your initial visit you will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you.

We may use and disclose medical information about you:

- **For Treatment** (such as sending medical information about you to a specialist/hospital as part of a referral or to coordinate the different things you may need such as prescriptions and lab work)
- **For payment** (such as sending billing information to your insurance company or Medicare)
- **For Health Care Operations** (such as comparing patient data to improve treatment methods or sharing information with medical and nursing students for educational purposes)

Our practice may use your medical information to evaluate the quality of care you receive from us or to conduct costs-management and business planning activities for our practice.

NOTICE OF PRIVACY PRACTICES

We may use or disclose medical information about you **without** your prior authorization for several other reasons. For example, in certain situations such as:

- For **public health purposes** such as reporting communicable diseases or notifying a person who may have been exposed to a communicable disease.
- For **reporting adverse events** related to food, medications, or products.
- For **notifying persons of recalls, repairs, or replacements of products** they may be using.
- For **reporting vital** events such as births and deaths.
- For **abuse, neglect, or domestic violence** reporting.
- For **health oversight activities** such as licensing, auditing, or inspection agencies authorized by law.
- In connection with **lawsuits** or other legal proceedings in response to a court order, warrant, summons, or subpoena.
- For **research studies** in certain circumstances such as a chart review to compare outcomes of patients who received different types of treatment. On occasion, researchers contact patients regarding their interest in certain research studies. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form.
- To **coroners and medical examiners**. This may be required by law in certain circumstances and/or may be necessary to identify a deceased person or determine the cause of death.
- For **funeral arrangements** as necessary to carry out their duties.
- For **organ and tissue donation**. If you are an organ or tissue donor, we may release information to organizations that handle organ or tissue procurement or transplantation to facilitate the donation or transplantation.
- For **worker's compensation purposes**. We may use or disclose medical information about you for Workers's Compensation or similar programs as authorized by or required by law.
- When **required by law** such as request from law enforcement to help identify or locate a suspect, fugitive, witness, or missing person. Other examples would include information about a death suspected to be the result of criminal conduct.
- **Inmates**. If you are an inmate of a correction institution or under the custody of law enforcement officials, we may release about you to the correctional institution as authorized by law.
- **Military and Veterans**. If you are or were a member of the armed forces, we may release information about you to military command authorities as required or authorized by law.
- **Appointment reminders**. To tell you about or recommend possible **treatment options, alternatives, health-related benefits, or services** that may be of interest to you.
- **Disclose medical information about you to a friend or family member** who is involved in your medical care or helps pay for your care.
- Disclose information to **disaster relief authorities** (in an emergency), so that your family can be notified of your location and condition.

Other uses of medical information.

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you.

Your medical information is the property of Avera Medical Group McGreevy. You have the following rights regarding medical information we maintain about you.

- **In most cases, you have the right to look at or obtain a copy of medical information, when you submit a written request.** If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

NOTICE OF PRIVACY PRACTICES

- **If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we amend the records, by submitting a request in writing that provides your reason for requesting the amendment.** We may deny your request to amend a record if the information was not created by us, it is not part of the medical information maintained by us, or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- **You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations, or where you specifically authorized a disclosure, if you submit a written request.** The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the fee before you incur any costs.
- **You have the right to request that medical information about you be communicated to you in a confidential manner,** such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- **You may request, in writing, that we not use or disclose medical information about you for treatment, payment, or healthcare operations or to persons involved in your care, except when specifically authorized by you, when required by law, or in an emergency.** We will consider your request, but we are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Officer listed below. Your request must describe, in a clear and concise fashion: a) the information you wish to have restricted; b) whether you are requesting to limit our practice's use, disclosure, or both; and c) to whom you want the limits to apply.

Complaints.

If you are concerned that your privacy rights may have been violated or you disagree with a decision we made about access to your records, you may contact our Privacy Officer listed below. Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

**Avera Medical Group McGreevy Privacy Officer
Helen Paetow, RN, Privacy Officer
Avera Medical Group McGreevy
1200 South 7th Avenue
Sioux Falls, South Dakota 57105
605-336-2140**

**03-05-06
JH/HP**



**ACKNOWLEDGMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

I, _____,
(Please print patient's First name and Last name)

have received a copy of Avera Medical Group McGreevy Clinic's Notice of Privacy Practices dated 4-14-03.

(Signature of patient or patient's representative) (Date)

(Patient's Date of Birth)