

NOTICE OF PRIVACY PRACTICES

Effective April 2019

THIS NOTICE OF PRIVACY PRACTICES applies to care and treatment you receive at this facility, which is a MedQuest facility, or other MedQuest facilities located in Alabama, Florida, or South Carolina that are treated as an “affiliated covered entity” under the federal law known as the Health Insurance Portability and Accountability Act (HIPAA) that protects the privacy of your health information. Terms defined in the HIPAA Rules will have the same meaning in this Notice. This Notice also applies to all the people who provide healthcare services at a MedQuest facility, even if they are not our employees or agents. These people provide care along with us as part of an “organized healthcare arrangement.” All of these healthcare providers are referred to as “we” in this Notice. If you would like a listing of the MedQuest facilities covered by this Notice, please contact the MedQuest Privacy Official at 678-992-7311 or 3480 Preston Ridge Rd, Suite 600, Alpharetta, GA 30005.

**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.**

A. WE MUST PROTECT HEALTH INFORMATION ABOUT YOU. We must protect the privacy of health information about you that can be identified with you, also called protected health information or “PHI” for short. PHI includes information about your past, present or future health, the healthcare we provide to you, and payment for your healthcare. This Notice explains MedQuest’s legal duties with respect to PHI and how we can use and disclose PHI about you. In addition, we can make other uses and disclosures that occur as a byproduct of the uses and disclosures described in this Notice. This Notice also explains your privacy rights, and how you can file a complaint if you believe those rights have been violated. In the event that PHI about you is affected by a breach of unsecured PHI, MedQuest will provide notice as required by HIPAA.

B. HOW WE CAN USE AND DISCLOSE PHI ABOUT YOU.

1. When We Can Use and Disclose PHI About You Without An Authorization. We may use and disclose PHI about you without your Authorization in the following ways:

a. To provide healthcare treatment to you. We use and share PHI with others to provide and coordinate your healthcare treatment. For example, if your doctor orders and x-ray because she thinks your leg may be broken, we will share the results of your x-ray and other information we learn during the

exam process with your doctor. We may also share health information about you with people like home health providers, durable medical equipment providers, or others who may be involved in your medical care after you leave our care.

b. To obtain payment for services. We use and share PHI with others (for example, insurance companies, health plans, collection agencies, and consumer reporting agencies) to bill and collect payment for services we provided to you. Before we provide scheduled services to you, we may share information with your health plan to ask whether it will pay for the services or with government agencies to see if you qualify for benefits.

c. For health care operations. We may use and share PHI to perform business activities that we call “healthcare operations” to help us improve the quality of care we provide and reduce healthcare costs. For example, we may use PHI to review our services or evaluate the performance of the people taking care of you. We may share PHI with governmental agencies, so they can review the care we provide.

d. To remind you about appointments. We may use and/or disclose PHI to remind you about an appointment you have with us.

e. To tell you about treatment options. We may use and/or disclose PHI to tell you about treatment options that may interest you. For example, if you have a broken leg, we may tell you about rehabilitation or therapy services that might help you.

f. To our business associates. We provide some services through other businesses we call business associates. We may give business associates health information about you so they can do the job we asked them to do. For example, we might use a copy service to make copies of requested medical records. When we do this, we require the business associate to safeguard health information about you.

2. When We May Use And Disclose PHI About You Without An Authorization Or An Opportunity To Object. In some situations, we may use and/or disclose PHI about you without your Authorization or an opportunity to object. These situations include when the use or disclosure is:

a. When it is required by law.

b. For public health activities. We may disclose PHI about you for public health activities. These activities generally include disclosing PHI in order to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report child and disabled adult abuse or neglect;
- Report reactions to medicine or problems with medical products;

- Tell people that a medical product they are using has been recalled;
- Support public health surveillance and combat bioterrorism.

c. For health oversight activities. We may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations.

e. For a legal proceeding. We may disclose PHI in a legal proceeding as required by a court order or otherwise by law.

f. For law enforcement purposes. We may disclose PHI about you to report certain types of wounds, physical injuries, or criminal conduct on our property.

g. To a medical examiner or funeral director. We may disclose PHI about you to a coroner or medical examiner to identify you or determine cause of death. We may also release PHI to funeral directors so they can carry out their duties.

h. For organ, eye or tissue donation purposes.

i. For medical research. Research done in this facility must go through a special review process. We will not use or disclose PHI about you unless we have your Authorization or we have determined that your privacy is protected.

j. To avoid a serious threat to health or safety. We may disclose health information if it is necessary to protect the health and safety of you, the public or someone else.

k. For specialized government functions. We may disclose PHI about you for military and veterans' activities, national security and intelligence activities, protective services for the President, or medical suitability/determinations of the Department of State.

l. For law enforcement custodial situations. We may disclose PHI about you to a correctional institution that has custody of you.

3. When You Can Object To A Use Or Disclosure. Unless you tell us not to, we may use or share your PHI:

a. To people involved in your care or payment for care. We may share PHI with family members or others identified by you, who are involved in your care or payment for your care. In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgment to decide if it is in your best interest to share your PHI with a person involved in your care. If you bring family members or others to your appointments or for unscheduled care, and do not tell us that you object to them hearing your PHI

information, then we are allowed to interpret that as your consent for them to do so.

b. To agencies for disaster relief efforts. We may share PHI with agencies like the Red Cross for disaster relief efforts. *Even if you ask us not to, we may share your PHI if we need to for an emergency.*

C. OTHER USES AND DISCLOSURES.

1. Use of Psychotherapy Notes, Use of PHI for Marketing, and Sale of PHI.

Except as provided in Section 164.508(a)(2) of HIPAA, your authorization is required for use or disclosure of psychotherapy notes about you. Except as provided in Section 164.508(a)(3), your authorization is required for use or disclosure of PHI about you for marketing. Your authorization is required for a disclosure which is a sale of PHI about you under Section 164.508(a)(4).

2. Other Uses and Disclosures. In any situation other than those listed above, we will ask for your written authorization before we use or disclose your PHI. If you sign a written authorization allowing us to disclose PHI, you can cancel it later. Your cancellation must be in writing and delivered to the Privacy Official at the address provided below, and we will not disclose PHI about you previously authorized, after we receive your cancellation and had a reasonable time to implement the cancellation.

D. YOUR PRIVACY RIGHTS. You have the following rights about the health information we maintain about you. If you want to exercise your rights, you must fill out a special form. Please contact the center staff or the MedQuest Privacy Official at 678-992-7311 or 3480 Preston Ridge Rd, Suite 600, Alpharetta, GA 30005 for the form or more information.

1. Right to Ask for Restrictions. You have the right to ask us to limit the ways we use and disclose your PHI for treatment, payment or healthcare operations. You also have the right to ask us to limit the health information we share about you to someone involved in your care or the payment for your care. Your request must be in writing. *We do not have to agree to your request in most cases.* But, we do have to agree if you ask us not to disclose PHI to your health plan for payment or healthcare operations, if the PHI is about an item or service you paid for, in full, out-of-pocket, and disclosure is not otherwise required by law. Even if we agree, your restrictions may not be followed in some situations such as emergencies or when disclosure is required by law.

2. Right to Ask for Different Ways to Communicate with You. You have the right to ask us to contact you in a certain way or at a certain location. For example, you can ask us to only contact you at your work phone number. *If your request is reasonable, we will do what you ask.* In some situations, we may require you to explain how you will handle payment and give us another way to reach you.

- 3. Right to See and Copy PHI.** You have the right to see and get a copy of the health information about you. You must sign a written request for access or an authorization. We may charge you a fee if you have asked for a copy of records. *We can deny your request in some situations.* If we deny your request, we will notify you in writing and explain how you can ask for a review of the denial.
- 4. Right to Ask for Changes.** You have the right to ask us to change PHI about you if you do not believe it is correct or complete. You must ask us in writing. You must explain why you want the change. *We can deny your request in some situations.* If we deny your request, we will explain why in writing and tell you how to give us a written statement disagreeing with our decision.
- 5. Right to Ask for an Accounting of Disclosures.** If you ask in writing, you can get a list of some, but not all, of the disclosures we made of your health information. For example, the list will not include disclosures made for treatment, payment, healthcare operations or disclosures you specifically authorized. You may ask for disclosures made in the last six (6) years. We cannot give you a list of any disclosures made before April 14, 2003. If you ask for a list of disclosures more than once in 12 months, we can charge you a reasonable fee.
- 6. Right to a Paper Copy of this Notice.** We will give you a paper copy of this Notice on the first day we treat you at our facility (in an emergency, we will give this Notice to you as soon as possible).

E. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES. If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the MedQuest Privacy Official at 678-992-7311 or 3480 Preston Ridge Rd, Suite 600, Alpharetta, GA 30005. You also may write to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.