



# Med Fast Urgent & Primary Care

## HIPAA Notice of Privacy Practices

**This notice describes how MedFast Urgent & Primary Care may use and disclose your medical information, and how you may obtain access to this information. Please review it carefully.**

### Uses and Disclosures of Protected Health Information

“Protected Health Information” is information about you, including demographic information, which may identify you and that relates to your past, present, or future physical or mental health or condition and related care services. Your **Protected Health Information** may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment. PHI may be disclosed for treatment, to obtain payment for treatment, to support the operation of physician’s practice, and for other purposes that are permitted or required by law.

**Treatment:** We may use and disclose your protected information to provide, coordinate, or manage your medical treatment or related services. This includes the coordination or management of your health with a third party. For example, we may disclose your protected health information, as necessary, to home health agency that provides care to you. For example, your protected health information may be provided to whom you have been referred to ensure the physician has the necessary information for diagnostic and treatment purposes.

**Payment:** Your protected health information may be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that you’re relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operation:** We may use and disclose, as needed, your protected health information in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and information to medical school students that see patients at our office. We may also disclose your protected health information, as necessary, to contact you regarding your current health status, appointment reminders, and other healthcare operations.

We may use or disclose your protected health information in the following situation as permitted and/or required by law, without your authorization. These situation include: Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirement, Criminal Activity, Military Activity, National Security, Worker’s Compensation, and Required Uses and Department of Health and Human Service to investigate or determine our compliance with the requirement of Section 164.500.

**Other Permitted and required Uses and Disclosures** will be made only with your consent, authorization or opportunity of object, unless required by law.

**You may request a restriction on uses and disclosures of your health information.** Except where MedFast is permitted and/or required by law to disclose the information. You have the right to ask MedFast not to use or disclose certain health information we maintain about you.

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## **Statement of your rights to your protected health information:**

**You have the right to inspect and copy your protected health information.** However, under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to protected health information.

**You have the right to request a restriction of your health information.** This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also require that no part of your protected health information be disclosed to family members or friends whom may be involved in your care or for notification purpose as described in this Notice of Privacy Practice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use disclosure of your protected health information, your protection health information will not be restricted. You then have the right to choose another Healthcare Professional.

**You have the right to request and to receive confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively. (i.e. - electronically).

**You may have the right to have your physician amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosure we have made, if any, of your protected health information.**

We reserve the right to change the term of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

### **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate if you choose to file a complaint.

This notice was published and become effective on/or before **April 14, 2003.**