

THERESA WATERS ARNP

PATIENT NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be released and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact: THERESA WATERS ARNP

This Notice of Privacy Practices describes how I may release and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

I am required to abide by the terms of this Notice of Privacy Practices. I may change the terms of our notice, at any time. The new notice will be effective for all protected health information that I maintain at that time. Upon your request, I will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. Releases and Disclosures of Protected Health Information

Releases and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked by your nurse practitioner to sign a consent form. Once you have consented to release and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your nurse practitioner will release or disclose your protected health information as described in this Section 1. Your protected health information may be released and disclosed by your nurse practitioner, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be released and disclosed to pay your health care bills and to support the operation of the nurse practitioner's practice.

Following are examples of the types of releases and disclosures of your protected health care information that the nurse practitioner's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of releases and disclosures that may be made by our office once you have provided consent.

Treatment: I will release and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, I would disclose your protected health information, as necessary, to a home health agency that provides care to you. I will also disclose protected health information to other providers who may be treating you when I have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a provider to whom you have been referred to ensure that that provider has the necessary information to diagnose or treat you.

In addition, I may disclose your protected health information from time-to-time to another nurse practitioner or health care provider (e.g., a specialist or laboratory) who, at the request of your nurse practitioner, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your nurse practitioner.

Payment: Your protected health information will be released, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services I recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for

medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: I may release or disclose, as needed, your protected health information in order to support the business activities of your nurse practitioner's practice. These activities include, but are not limited to, technical support, quality assessment activities, and conducting or arranging for other business activities.

I may release or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

I will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the release or disclosure of your protected health information, I will have a written contract that contains terms that will protect the privacy of your protected health information.

Release and Disclosures of Protected Health Information Based upon Your Written Authorization

Other release and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your nurse practitioner or the nurse practitioner's practice has taken an action in reliance on the release or disclosure indicated in the authorization.

Other Permitted and Required Release and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

I may release and disclose your protected health information in the following instances. You have the opportunity to agree or object to the release or disclosure of all or part of your protected health information. If you are not present or not able to agree or object to the release or disclosure of the protected health information, then your nurse practitioner may in her professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, I may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, I may disclose such information as necessary if I determine that it is in your best interest based on our professional judgment. I may release or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, I may release or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate release and disclosures to family or other individuals involved in your health care.

Emergencies: I may release or disclose your protected health information in an emergency treatment situation. If this happens, your nurse practitioner shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your nurse practitioner is required by law to treat you and the nurse practitioner has attempted to obtain your consent but is unable to obtain your consent, he or she may still release or disclose your protected health information to treat you.

Communication Barriers: I may release and disclose your protected health information if your nurse practitioner attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the nurse practitioner determines, using her professional judgment, that you intend to consent to release or disclosure under the circumstances.

Other Permitted and Required Releases and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

I may release or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: I may release or disclose your protected health information to the extent that the release or disclosure is required by law. The release or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such releases or disclosures.

Public Health: I may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. I may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: I may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: I may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: I may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or vulnerable adult abuse or neglect. In addition, I may disclose your protected health information if I believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: I may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: I may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: I may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: I may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. I may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.

Criminal Activity: Consistent with applicable federal and state laws, I may disclose your protected health information, if I believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. I may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, I may disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the

Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. I may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by me as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: I may disclose your protected health information if you are an inmate of a correctional facility and your nurse practitioner created or received your protected health information in the course of providing care to you.

Required Disclosures: Under the law, I make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as I maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your nurse practitioner and the practice requires to make decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or needed in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact me if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask me not to release or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your nurse practitioner is not required to agree to a restriction that you may request. If the nurse practitioner believes it is in your best interest to permit release and disclosure of your protected health information, your protected health information will not be restricted. If your nurse practitioner does agree to the requested restriction, I may not release or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your nurse practitioner.

You have the right to request to receive confidential communications from me by alternative means or at an alternative location. I will accommodate reasonable requests. I may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. I will not request an explanation from you as to the basis for the request. Please make this request in writing to me.

You may have the right to have your nurse practitioner amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as I maintain this information. In certain cases, I may deny your request for an amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact me to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures I have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures I may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from me, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to me or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by me. I will not retaliate against you for filing a complaint.

You may contact Theresa Waters ARNP at 1 360-610-787.

This notice was published and became effective on July 1, 2010.

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