

## R. Stewart Shofner MD PC Notice of Privacy Practices, Page 1

R. Stewart Shofner MD PC, along with its affiliated associates, believes that your health information is personal and we are committed to keeping your health information private. In addition, we are required by law to keep certain health care information, known as Protected Health Information (PHI) confidential. ***This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.***

### **Uses and Disclosures of PHI**

We may use PHI for the purposes of treatment, payment, and health care operations in most cases without your written permission. The following are examples of these uses:

- **Treatment:** We may use information about you to diagnose your medical condition and carry out your medical care. We may disclose this information to physicians, nurses, or our other staff who take care of you.
- **Payment:** We may use and share information about you so that services you received may be billed and payment may be collected from you, an insurance company, or another third party.
- **Health Care Operations:** We may use and share information about you in order to perform our administrative and operational functions. We may use your information to conduct business planning, design staff training programs, and obtain legal and financial services. We may share PHI with business associates who provide services to us. Business associates are legally bound to protect your information as we would.

Your PHI may be disclosed to another health care provider, however, the entity receiving the information must have a relationship with you and the PHI must pertain to that relationship (for example, your primary care physician). In order to provide the best care possible, we may use your PHI for quality improvement, assurance activities, and processing grievances or complaints.

### **Use and Disclosure of PHI Requiring an Opportunity to Agree or Object**

In certain circumstances, we may share information about you with other individuals or organizations to plan and implement your care. Whenever possible, we will give you an opportunity to agree or object to disclosure when related to the following:

- **Family Members and Friends:** We may release your PHI to a family member, other relative, personal friend, or other individual involved in your care or payment of your care.
- **Follow-Up Care and Other Services:** We may contact you by mail, telephone, fax, email, or other means regarding follow-up care or documentation if needed. We may also contact you regarding our other health-related products or services.

### **Use and Disclosure of PHI Not Requiring Authorization**

We are permitted to use your PHI without your written authorization in the following situations:

- **Fraud Prevention:** We may use your information in order to detect health care fraud and abuse and maintain compliance with applicable laws and regulations.
- **Public Health Activities:** We may disclose your PHI as part of a public health investigation, to report child or adult abuse, neglect, or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease.
- **Health Oversight:** We may release your PHI for health oversight activities including audits or investigations, surveys, disciplinary proceedings, and other actions authorized by state or federal government.
- **Lawsuits and Disputes:** We may disclose information for judicial and administrative proceedings as required by a court or administrative order, or in response to a valid and appropriate subpoena or other legal process.
- **Law Enforcement:** Disclosure may be necessary for law enforcement activities in limited situations, such as if there is a warrant for the information, or if the information is needed to locate a suspect or stop a crime.

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- National Security: We may release information about you to authorized federal officials for national security activities and intelligence.
- Public Safety: We may use your information to avert a serious threat to the health and safety of an individual person, or to the public at large.
- Worker's Compensation: We may release your information about you to Worker's Compensation Programs, or other state or federal programs that provide benefits for work related injuries or illness.
- Research: In limited situations, we may use your information for research projects.

Any other use or disclosure of PHI other than those listed above, will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

### **Patient Rights**

As a patient, you have rights with respect to the protection of your PHI including the following:

The right to access, copy, or inspect your PHI. You may request a copy of your medical information that we maintain. We must receive the request in writing, and normally provide access to this information within 30 days of the request. We may also charge you a reasonable fee for any copies of your PHI. In limited circumstances, we may deny your access to your medical information, and you may appeal certain types of denials. If you wish to inspect and copy your medical information, you should contact the Privacy Officer of the Practice.

The right to amend your PHI. You have the right to request an amendment to your PHI. If we agree, we will generally amend your information within 60 days of your request, and will notify you of the amendment. We are permitted by law to deny your request in certain circumstances. If you wish to request an amendment to your medical information, you should contact the Privacy Officer of the Practice.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting of certain disclosures of your PHI that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operations, or when we share your health information with our business associates. We are also not required to give you an accounting of our uses of PHI for which you have already give us written authorization.

The right to request that we restrict the use and disclosure of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment, or health care operations, or to restrict the information that is provided to family, friends, and other individuals involved in your health care. We are not required to agree to any restrictions you request, but any restrictions we agree to are binding.

The right to obtain a copy of our Privacy Notice upon request. We will prominently post a copy of this Notice on our website ([www.shofnervisioncenter.com](http://www.shofnervisioncenter.com)), and make the Notice available by email, fax, or paper.

### **Revisions to the Privacy Notice**

We reserve the right to change the terms of this Notice at any time. The changes will be effective immediately, and will apply to all PHI that we maintain. A revised Notice will be promptly posted in our facilities and to our website.

### **Your Legal Rights and Complaints**

You have the right to complain to us, or to the Office of Civil Rights if you believe your privacy rights have been violated (<http://www.hhs.gov/privacyhowtofile.pdf>). All complaints to us must be submitted in writing. You will not be retaliated against in any way for filing a complaint with us, or to the government. Direct questions, comments, or complaints regarding this Notice to the Privacy Office of our Practice.

**Revised: 5/1/2017**