

**Brookwood Internists, P.C. d/b/a Internal Medicine Specialists
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 about this Notice please contact our Privacy Officer at (205) 877-2761.

This Notice of Privacy Practices (“Notice”) describes how we may use 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” or “PHI” 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 care services. We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of our Notice currently in effect. We may change the terms of our Notice at any time, and reserve the right to do so. The new Notice will be effective for all protected health information that we maintain at that time. Upon your written request, we will provide you with any revised Notice, or you may call the office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. We will only use and disclose your PHI with your written authorization for marketing purposes and disclosures that constitute a sale of your protected health information.

Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations:

We will use your protected health information as part of rendering patient care, including treatment, payment and health care operations. The following are some, but not all, examples of the types of uses and disclosures that may be made by us.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services, such as our answering service. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. Your protected health information also may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. 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: We may use or 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, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Business Associate: We will share your protected health information with third party “business associates” that perform various activities (i.e., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Our Contact With You: In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. You have the right to opt out of receiving fundraising communications.

Written Authorization: Other uses 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 an authorization, at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the authorization.

Permitted Uses and Disclosures of Protected Health Information to Family, Friends, Government or Public Agencies That May Require an Objection:

We may use or disclose your protected health information in the following situation unless you object to the use and/or disclosure. These situations include:

Limited use or disclosure when you are not present: If you are not present or able to agree or object to the use or disclosure of the protected health information because of incapacity or emergency circumstances, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to the person’s involvement in your health care will be disclosed.

Family and Friends: Unless you object, we 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, we may disclose such information as necessary if we determine that it is in your best interest based on your physician’s professional judgment. We may disclose protected health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Notification: Unless you object, we may use or disclose your protected health information to notify to 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.

Disaster Relief: Unless you object, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation if, in your physician’s professional judgment, the use or disclosure is in your best interest. If so, we will disclose only the protected health information that is directly relevant to the person’s involvement with your health care.

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

We may use or disclose your protected health information in the following situations without your authorization or opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use 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, if required by law, of any such uses or disclosures to the individual and to United States Department of Health and Human Services.

Public Health: We 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 in accordance with state law for the purpose of preventing or controlling disease, injury or disability. It may include, but is not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. We 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.

Health Oversight: We 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: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we 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: We may disclose your protected health information to comply with requirements or at the direction of 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: We 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: We 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 as 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, Medical Examiners and Funeral Directors: We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death.

Organ, Eye or Tissue Donation: Protected health information may be used and disclosed to organ procurement organizations or other entities involved in the procurement, banking or transplantation for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Serious Threat to Health or Safety: Consistent with applicable laws and standards of ethical conduct, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is to a person(s) reasonably able to prevent or lessen the threat. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Specialized Government Functions: When the appropriate conditions apply, we may use or disclose protected health information of individuals for: (1) Military and veterans activities, (2) National security and intelligence activities, (3) Protective services for the President and others, (4) Correctional institutions and other law enforcement custodial situations.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related injuries or illness without regard to fault.

Communicable Diseases: We may disclose your protected health information, according to state 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.

Data Breach Notification Purposes: We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Your Rights:

The following is a description of your rights with respect to your protected health information.

You have the right to request a restriction of your protected health information.

You may ask us not to use 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, friends or any other person who may be involved in your care or for notification purposes. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request.

We are not required to agree to a restriction that you may request. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by obtaining the Health Care Record Restriction Form from our business office.

You have the right to get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured protected health information.

You have the right to receive confidential communications concerning your protected health information in a confidential manner. We will accommodate your reasonable requests to receive communications from us regarding protected health information by an alternative means or at alternative locations. We may 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. We will not request an explanation from you as to the basis for the request. Please ask our business office for a Confidential Communications Request Form.

You have the right to inspect and copy your protected health information.

You may request, in writing, to inspect and obtain a copy of protected health information about you that is contained in a "designated record set" for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records about you that your physician and the practice uses for making decisions about you. We have up to 30 days to make your PHI available to you. You may request a summary of your PHI. We will make every effort to provide access to your PHI in the form or format that you request, if it is readily producible in such form or format.

This right is subject to certain specific exceptions. For example, 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 law that prohibits access to such protected health information. If we deny your access to your protected health information, we will provide you with a reason for the basis of the denial. In some instances, a right to have a decision to deny access can be reviewed. You may be charged a reasonable fee for any copies of your records as allowed by law. Contact our Privacy Officer if you have any questions about inspecting and copying your protected health information.

You may have the right to request amendment of protected health information.

You may request an amendment, in writing, of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your protected health information.

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

You have a right to receive an accounting of disclosures we have made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, those that were authorized by you or your personal representative, for a facility directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exception, restrictions and limitations. Additionally, limitations are different for electronic health records. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. If you request an accounting more than once within a 12-month period, we may charge you a reasonable cost-based fee to comply with your request.

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 electronically. You may ask us to give you a copy of this Notice at any time. To request a copy of this Notice, you can make your request in writing to our Privacy Officer.

Out-of-Pocket-Payments: If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health plan. We will say "yes" unless a law requires us to share that information.

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 Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at (205) 877-2761 for further information about the complaint process.

This notice was published and became effective on April 14, 2003. Updated April 07, 2016.

PLEASE READ THE FOLLOWING CAREFULLY

I, the undersigned, agree to the care and treatment by the attending physician, his/her associates, or assistants. The treatment may include but is not restricted to medications, immunizations, anesthesia, surgical and invasive procedures, laboratory tests, x-rays, or other studies that may be helpful in the provision of the patient's care. My medical records may be furnished to other physicians as needed for my treatment.

Receipt of Privacy Practices Notice: I acknowledge that I have received a copy of the Notice of Privacy Practices for Internal Medicine Specialists

Assignment of Benefits and Guarantee of Account: I acknowledge full financial responsibility for any services rendered, and I understand that the payment of charges incurred in this office is due at the time of service. I understand that a statement fee of \$15.00 will be assessed on patient balances not paid at the time of service. I also understand that the charges not covered by insurance remain my responsibility, and I assign insurance benefits to IMS. In the event an account is turned over to a collection agency, I agree to pay all cost of collection, including reasonable attorney's fees and hereby waive all rights of exemption under the Constitution of the State of Alabama. I understand that a \$40.00 fee will be added to my account should I fail to give at least 24 hours cancellation notice. This includes same day appointments.

I authorize my health care provider to use an automated telephone system and/or email and/or text and to use my name, address, and phone number, the name of my scheduled treating physician, and the time and place of my scheduled appointments(s), and other limited information for the purpose of contacting me to notify me of a pending appointment, other healthcare related communication and for collection purposes. I also authorize my healthcare provider to disclose to third parties who answer my phone limited protected health information regarding pending appointments, account balances and to leave a reminder message on my voice mail system or answering machine. This also includes wireless methods of communication such as faxes and cell phones. I agree that my preferred method of communication for reminders from IMS is through secure messaging (except as stated above), and if I decline this method of communication, I will notify IMS in writing of my alternate communication method. I authorize and consent to have my protected health information exchanged through Alabama's Health Information Exchange and agree to notify IMS in writing if I elect to opt out of the exchange.

Medical/Billing information and/or test results may be given to PATIENT ONLY _____

Or to the following person(s) _____

DATE _____ SIGNED _____

PRINT NAME _____ Date of Birth _____

For patients who cannot sign or who have a personal representative present:

Name of Authorized Representative Relation to Patient

Description of Personal Representative Authorizing Authority (Examples: Parent for minor, legal guardian for minor, etc.)

_____ I refuse to sign acknowledgement that I have received a copy of your Notice of Privacy Practices.

_____ A good faith effort has been made to obtain an acknowledgement receipt for our Notice of Privacy Practices.