



Allied Urology, P.S.C.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information.

Please review it carefully.

This Notice of Privacy Practices 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" (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 health care services. You will be asked to sign an Acknowledgment of Receipt of this notice. We are required by law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

1. Uses and Disclosures of PHI

Uses and Disclosures of PHI for Treatment, Payment, and Health Care Operations

Your PHI 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 for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. The following are some examples of uses and disclosures of your PHI that we are permitted to make.

Treatment:

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination of your health care with a third party, such as other physicians, who may be involved in your care.

Payment:

Your PHI will be used, as needed, to obtain payment for your health care services. This may include activities that your health insurance plan may undertake to approve or pay for the health care services we recommend for you.

Health Care Operations:

We may use or disclose your PHI in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, licensing, employee review, and conducting other business activities. In addition, we use sign-in sheets at the registration desk. We may also call you by name in the waiting room. We may also contact you to remind you of your appointment. We will share your PHI with third party "Business Associates" that perform various activities (e.g., billing services) for the practice. When an arrangement between our office and a business associate involves your PHI, we will have a written contract that will protect the privacy of your PHI.

Uses and Disclosures of PHI Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing, except to the extent that your physician or physician's practice has taken action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May be Made with Your Consent, Authorization or Opportunity to Object

We may use and disclose your PHI in the following instances. You may agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Health Care:

Unless you object, we may disclose to a member of your family, a relative, or any other person you identify, your PHI 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 if we determine that it is in your best interest based on our professional judgment. We may notify or assist in notifying a family member, or other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate with individuals involved in your health care.

Emergencies:

We may use or disclose your PHI in an emergency treatment situation. Your physician will try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to, he or she may still use or disclose your PHI to treat you.

Communication Barriers:

We may use or disclose your PHI if a physician in the practice attempts to obtain consent from you but is unable due to substantial communication barriers and determines, using professional judgment, that you intend to consent to use or disclosure.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Required By Law:

We may use or disclose your PHI as required by law, in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such occurrence.

Public Health:

We may disclose your PHI to a public health authority that is permitted by law to collect or receive the information.

Communicable Diseases:

We may disclose your PHI, if authorized or required 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:

We may disclose PHI to a health oversight agency for activities authorized by law.

Abuse or Neglect:

We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence, to the government agency authorized to receive such information, consistent with the requirements of applicable federal and state laws.

Food and Drug Administration (FDA):

We may disclose your PHI to a person or company required by the FDA to report adverse events or other information as required by law.

Legal Proceedings:

We may disclose PHI 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) and in response to a subpoena or other lawful process.

Law Enforcement:

We may also disclose PHI, so long as legal requirements are met, for law enforcement purposes.

Coroners, Funeral Directors, and Organ Donation:

We may disclose PHI to the aforementioned parties to perform duties authorized by law. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Military Activity and National Security:

Under appropriate conditions, we may use or disclose PHI of individuals who are Armed Forces Personnel.

Workers' Compensation:

Your PHI may be disclosed to comply with workers' compensation laws and other similar legally established programs.

Inmates:

We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures:

Under the law, we must 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.

2. Your Rights

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

You have the right to inspect and copy your PHI.

This means you may inspect and obtain a copy of your PHI for as long as we maintain such record. Under federal law, however, 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. Depending on the circumstances, a decision to deny access may be reviewed. Please review any questions you have about access to your medical record with our Privacy Contact.

You have the right to request a restriction of your PHI.

This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. 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. If the physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted.

If your physician agrees to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with your physician. All restrictions must be submitted in writing to the Privacy Officer.

You have the right to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate reasonable requests. We may also condition this by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Our offices also utilize voice mail to leave reminders for appointments. You have the option to request that we not leave messages for you. We will not request an explanation from you as to the basis for any confidentiality request. Your requests must be made in writing to the Privacy Officer or Privacy Contact.

You may have the right to have your physician amend your PHI.

You may request an amendment of your PHI in a designated record set for as long as we maintain the information. In certain cases, we may deny your request for an amendment. If we deny your request, 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. Please speak with our Privacy Contact if you have questions about amending your medical record.

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

This applies to disclosures for purposes other than treatment, payment, or health care operations as described in this notice. It excludes disclosures we may have made to family members or others 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. 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, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may do so by writing to: U.S. Department of Health and Human Services, 200 Independence Avenue, Room 509F, Washington, D.C. 20201. The hotline for the Office of Civil Rights is 800-368-1019. You may also file a complaint by notifying our Privacy Officer. We will not retaliate against you for filing a complaint. To contact the Privacy Officer or Privacy Contact, please phone your physician's office, and the staff will assist you.

This Notice became effective on June 1, 2006.