



## Privacy Notice

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Alarus Healthcare must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release on the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign and authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, you will receive a revised copy.

**Without your written authorization,** we can use your health information for the following purposes.

1. *Treatment.* For example, a provider may use the information in your medical record to determine treatment option best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.
2. *Payment.* For an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you.
3. *Health Care Operations.* We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver.  
In addition, we may want to use your health information for appointment reminders.
4. *As required or permitted by law.* Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, or government agencies.
5. *For public health activities.* We may be required to report your health information to authorities to help prevent or control disease, injury or disability.
6. *For health oversight activities.* We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
7. *For activities related to death.* We may disclose your health information to coroners, medical examiners, and funeral directors so they can carry out their duties related to your death.
8. *To avoid a serious threat to health or safety.* As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.
9. *For military, national security, or incarceration/law enforcement custody.* If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials of an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

10. *For worker's compensation.* We may disclose your health information to the appropriate persons in order to comply with the law related to worker's compensation or other similar programs. These programs may provide benefits for work related injuries or illness.

**NOTE:** Except for the situations listed above, we must obtain your specific written authorization for any release of your health information.

If you sign an authorization to disclose health information form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to the Clinic Director at Alarus Healthcare, LLC.

### **Your Health Information Rights**

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact your individual provider. Specifically, you have the right to:

1. *Inspect and copy your health information.* With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. *Request to correct your health information.* If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. *Request restrictions on certain uses and disclosures.* You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or payment or health care operation activities. You may want to limit the health information provided to family or friends involved in your care or payment of medical bills. However, we are not required to agree in all circumstances to your requested restriction.
4. *As applicable, receive confidential communication of health information.* You have the right to ask that we communicate our health information to you in different ways or places. We must accommodate reasonable requests.
5. *Receive a record of disclosures of your health information.* In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous 6 years, but the request cannot include dates before October 3, 2011.
6. *Obtain a paper copy of this notice.* Upon request, you may at any time receive a paper copy of this notice.
7. *Complain.* If you believe your privacy rights have been violated, you may file a complaint with us and with the Federal Department of Health and Human Services.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact your individual provider.

This notice of Medical Information Privacy is effective 10/03/2011.



Pt Name:

MR #:

## Acknowledgement of Receipt of Privacy Notice

By signing this form, I, \_\_\_\_\_, acknowledge that Alarus Healthcare, LLC has provided me with a copy of the Privacy Notice that explains how my health information will be handled in various situations. I understand that I am able to discuss any questions I may have regarding the privacy notice with my provider and I am aware that Federal law requires that a signed copy of this form be retained in my file.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### ***For Alarus Healthcare use only:***

Does patient have a copy of the Privacy Notice? ☐ Yes ☐ No

Why was patient unable to sign: \_\_\_\_\_