



## Privacy Notice

**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.**

This Notice describes the privacy practices of Chest, Infectious Diseases & Critical Care Associates, P.C., or "CIC." Medical information includes your medical, billing, insurance and personal information we gather to treat you.

The following are the types of uses and disclosures we may make of your medical information without your permission. Where State or federal law restricts one of the described uses or disclosures, we follow the requirements of such State or federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

We will use and disclose your medical information for **treatment**. For example, we will share your medical information with our nurses and physicians who are involved in your care or with outside physicians or hospitals which are providing care.

We will use and disclose your medical information for **payment** purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other health care providers, health plans and health care clearinghouses for their payment purposes. For example, if you require oxygen, the information collected will be given to the oxygen provider for its billing purposes.

We may use or disclose your medical information for our **health care operations**. For example, our physicians may review your record for quality improvement purposes.

We will disclose your medical information to our business associates, such as our billing service or accountant, so that they can perform their services for us.

We may disclose your location or general condition to a family member or your personal representative. If any of these individuals or others you identify are involved in your care, we may also disclose such information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

We will use and disclose your information as required by federal, State or local law.

We may disclose medical information about you for public health activities.

We may notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law, we will only make this disclosure if you agree.

We may disclose medical information to a health oversight agency or its representative for activities authorized by law.

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

We may disclose certain medical information for law enforcement purposes as required or permitted by State or federal law or if we believe there is evidence of criminal conduct occurring on our premises.

We may release medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.

We may release medical information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information has approved their research. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a

correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

We may disclose medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conduct our business. For example, your name will be used to call you from a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

We may contact you as a reminder that you have an appointment for treatment or medical services.

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other uses and disclosures of your medical information not covered above will be made only with your written permission. If you authorize us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization prior to such revocation.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. You may request such restriction by contacting the Privacy Officer.

You have the right to request that we communicate with you about your medical information by alternative means or at an alternative location by contacting the Privacy Officer.

You have the right to copy and/or inspect much of the medical information that we maintain about you, with limited exceptions. If you request copies, we may charge you a copying fee plus postage. If we agree to prepare a summary or an explanation of your medical information, we will charge a fee. All requests must be in writing.

You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights. To exercise this right, contact the Privacy Officer.

You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates. The first accounting in any 12-month period is free; you may be charged a fee for each subsequent accounting you request within the same 12-month period. To exercise this right, contact the Privacy Officer.

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and Notice provisions effective for all medical information that we maintain. Before we make such changes effective, we will make available the revised Notice by posting it at the reception desk, where copies will also be available. The revised Notice will also be posted on our website at [cicdoc.com](http://cicdoc.com).

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

You may contact the Privacy Officer by calling 515-224-1777 or writing to CIC Privacy Officer, 1601 NW 114<sup>th</sup> Street, Suite 347, Clive, IA 50325. Contact the Privacy Officer for forms and information on exercising your rights or for more information about our privacy practices.

Effective Date: April 14, 2003

## **PRIVACY NOTICE ACKNOWLEDGEMENT OF RECEIPT**

I have received a copy of CIC's Notice of Privacy Practices.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

A electronic signature of acknowledgement will be retained in the patient's chart as a HIPAA record at Chest, Infectious Diseases & Critical Care Associates, P.C., 1601 NW 114th Street, Suite 347, Clive, IA 50325.