



PO Box 1000 Draper, UT 84020 ♦ Phone: 801-260-1919 ♦ Fax: 801-2601441

HIPAA 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.

OUR RESPONSIBILITY

After Hours Medical is committed to protecting the privacy of your medical information. Your care and treatment is recorded in a medical record that is considered protected health information (“PHI”). To best meet your medical needs, we share your PHI with the providers and facilities involved in your care. We share your information only to the extent necessary to collect payment for services we provide and to conduct our business operations. We train our associates and providers to be sensitive to the privacy and confidentiality of your PHI. Except as outlined below, we will not use or disclose your PHI for any other purpose unless you have signed a Medical Record Authorization form.

USES AND DISCLOSURE OF YOUR PHI

We may use and share your PHI in the following ways without requiring your authorization. It should be noted that while not every use or disclosure will be listed, each of the ways we are permitted to use or disclose information will fall into one of the following areas:

- To provide, coordinate or manage your medical treatment and services. For instance, doctors, nurses and other professionals involved in your care, will use information in your medical record to plan a course of treatment for you that may include procedure, medications, tests, ect. We may also disclose your PHI to institutions and individuals outside of After Hours Medical that are or will be providing treatment to you.
- To bill and receive payment for the treatment and services you received. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.
- To run our practice, improve your care, and contact you when necessary. For example we may use your PHI in order to conduct an evaluation of treatment and services we provide.
- We may use your PHI to remind you about appointments and from time to time, to communicate with you about treatment alternatives and other health-related benefits and service that may be of interest to you.
- For workers’ compensation or similar programs.
- For public health safety issues such as preventing disease, helping with product recall, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence
- For health oversight agency, such as the Utah Health Department, HHS or Animal Control
- In response to a court order, subpoena, or warrant and to law enforcement officials in certain limited circumstances.

RIGHTS THAT YOU HAVE

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- You can ask to see or get an electronic or paper copy of your medical record, by filling out a Medical Record Authorization form and submitting it to our Main Office. We will provide a copy of your medical record, within 30 days of your request.
- You can ask us to correct your medical record if you think it is incorrect or incomplete. You will need to complete a Health Information Amendment form and submit it to the Main Office. We may decline your request, but we'll tell you why in writing within 60 days.
- You can ask us **not** to share certain medical record information for treatment or payment.
- You can ask us to contact you in a certain way or at a certain location.
- You can ask for an accounting of the times we have shared your medical record for the last 6 years, who we shared it with and why.
- You can ask for a paper copy of this notice at any time.
- You can choose someone to whom information may be disclosed or if someone is your legal guardian, that person can make choices about your medical record.

BREACH NOTIFICATION

We are required to notify you in writing of any breach of your unsecured PHI as soon as possible, but in any event, no later than 60 days after we discovered the breach.

BUSINESS ASSOCIATES

At times it may be necessary for us to provide your PHI to one or more outside persons or organizations who assist us with our payment/billing activities and healthcare operations. In each case, we require these business associates and any of their subcontractors, to appropriately safeguard the privacy of you information.

OUR NOTICE OF PRIVACY PRACTICE

We are required by law to maintain the privacy of our patients' PHI. We are required to abide by the terms of this Notice of Privacy Practice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practice as necessary. You may receive a copy of any revised notice at any of our clinic locations. The terms of this notice apply to all of our clinic locations equally.

EFFECTIVE DATE

This Notice of Privacy Practice is effective August 1, 2014

COMPLAINTS

If you think that we have not respected the privacy of your health information, you are free to express concerns by contacting the After Hours Medical Compliance Office at 801-260-1919 or by sending a letter to After Hours Medical Compliance Office, PO Box 1000 Draper, UT 84020.

Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, DC 20201, Calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hippa/complaints/.