



THIS NOTICE DESCRIBES YOUR RIGHTS TO PROTECT YOUR PERSONAL HEALTH INFORMATION AND THE CIRCUMSTANCES UPON WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY KUMKUM PATEL, MD, INC.

YOUR RIGHTS: When it comes to your health information you have certain rights. This section explains your rights.

Upon prior written request, you can:

- Ask to read/review or receive an electronic or a paper copy of your health record or other information we have about you. We will also provide you with a written summary of your health information if requested. We will charge a reasonable, cost-based fee. We will provide you with a requested written summary as soon as possible but no later than 30 working days of the request.
- Ask us to make changes or corrections to your health information and medical file that you think is inaccurate or incomplete. We may choose to deny your medical request but should we do, we will provide you with a written explanation for that denial within 60 days of your initial request.
- Ask us to communicate with you in a certain manner (for example, contact you via home or office phone) or to send mail to an alternate address. We will seek to accommodate all reasonable requests.
- Ask us not to use or share certain health information for treatment, payment, or our operations. We may deny your request if we believe that granting it could affect your care, health or wellbeing.
- Choose to pay for a service or health care item out of pocket in full. Should you choose to do so, we will honor your request that we will not share that payment information with your health insurer unless we are required by law to share such information.
- Ask us for a written accounting of each instance when we have shared your health information with others for reasons other than that involving your care and treatment, our billing for services provided to you or our healthcare operations. If so requested, we will provide you with such an accounting that will cover the six years prior to the request. One request per year will be provided free of charge. For additional requests, we will charge a reasonable, cost-based fee.
- Revoke your signed authorization which would otherwise permit us to use or to disclose to others your Protected Health Information (PHI). Your request would have no effect if such use or disclosure had already taken place prior to your request.

You may also:

- Designate another individual to act on your behalf. If you have given someone medical power of attorney or they are your legal guardian, that person can exercise your rights and make choices about your health information on your behalf. We will require proof of this relationship prior to our taking any requested action.
- Ask for a paper copy of this document even if you have agreed to receive the notice electronically. We will provide that copy promptly.



OUR RESPONSIBILITIES: The law requires us to:

- Maintain the privacy and security of your Protected Health Information (PHI).
- Notify you promptly if a breach occurs that may compromise the privacy or security of your PHI.
- Follow the duties and privacy practices described in this notice and provide you a copy of this notice.
- Not use or share your PHI for the purposes other than which is described in this notice unless otherwise advise us in writing. Should you thereafter change your mind, simply advise us of that change, in writing.

YOUR CHOICES - For certain health information, you have the right and the choice to advise us what we share, and to whom.

- You have both the right and the choice to authorize us to share your health information with others, such as your family, your close friends, or others who may be involved with your health care as well as sharing certain health information in a disaster relief circumstance.
- If you are physically or mentally unable to communicate your preferences to us, (should you, for example be unconscious), we may decide to share your health information should we determine that taking such action is in your best interest, health or safety. We may also be compelled to share your health information should we determine that to do so could reduce or eliminate a perceived, serious and imminent threat to the health or safety of you or others.
- We will not share your health information under the following circumstances without your written permission:
 - For Marketing purposes
 - For the sale of your health information to a vendor or other third party

Should you have a clear preference for the manner in which how we share your health information in any of the situations described immediately above, feel free to discuss such with a member of our staff.

OUR USES AND DISCLOSURE – We typically seek to use or share your health information without your prior authorizations under the following circumstances:

Treatment: We are authorized to share your health information with other health professionals who are presently treating or will provide health care services to you. And we are authorized to share your aspects of your health information with another health care provider to whom we seek a referral on your behalf.

Payment: We are authorized to use or share your health information that is required to further the processing and submission of claims to health plans or other insurance payors for the services we provide to you.

Health Care Operations: We are authorized to use and share your health information in order to run and maintain the efficient operation of our practice. For example, we use your health information in order to assess, plan, provide and to manage your care and treatment. We may also refer to a portion of your health information in order to contact you and provide a reminder to you of as an upcoming scheduled appointments.



Other circumstances at which time we are authorized to use or share your health information:

- **Help with public health and safety issues:** We are authorized to share health information about you without prior written consent for certain situations such as: disease prevention, assisting in the process of product recalls (examples; medical devices, medications, etc.), reporting adverse reactions to medication, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health and safety.
- **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see if we are complying with federal privacy law.
- **Respond to organ and tissue donation requests:** We will share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when you die.
- **Address workers' compensation, law enforcement, and other government requests:**
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions:** We can share your health information to respond to a court or administrative order, or in response to a subpoena.
- **Research:** We can use or share your information for health research.

CHANGES TO THIS NOTICE – Should we make changes to this written Notice, we shall make copies of the updated Notice available to our patients at our office, as well as posting any updated Notice at our website.