



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.

I. Who We Are

This notice describes the privacy practices of Associates in Primary Care, LLC and our employees. This notice applies to all of the medical records generated by our office.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information and provide you with a description of our privacy practices. When we use or disclose health information we are required to abide by the terms of this Notice in effect at the time of the use or disclosure.

III. Electronic Health Records

Associates in Primary Care, LLC use an electronic record to store and retrieve much of your health information. One of the advantages of electronic health records (EHR) is the ability to share and exchange health information among other community health care providers and specialists that may be involved in your care. When Associates in Primary Care, LLC enters your information into the EHR, it may share that information by using shared clinical databases or health information exchanges. Associates in Primary Care may also receive information about you from other health care providers in the community who are involved with your care by using shared databases or health information exchanges. If you have any questions or concerns about the sharing or exchange of your medical information, please discuss them with your provider

IV. Uses and Disclosures With Your Consent or Authorization

- a. **Use and Disclosure with Your Consent.** Before we provide medical care, except in an emergency or other special circumstances, we will ask you to read and sign a written consent (Your Consent), authorizing us to use and disclose your health information for the following purposes:
 - To provide treatment
 - To obtain payment for services
 - To support health care operations such as quality improvement and customer service, as described below:

Treatment: We may use your medical information to provide treatment or other services. We may disclose your medical information to health care professionals who are involved in your care.

Payment: We may use and disclose medical information about you for billing purposes. We may also tell your health plan about the treatment you are going to receive to determine whether your plan will cover it.

Health Care Operations: We may use and disclose your medical information for health care system operations. The information will be used to support our ongoing efforts to continually improve our quality of care. We may also use medical information about patients to evaluate the need for new services. We may also disclose information to doctors, nurses, and students for educational purposes. To protect your privacy, we may remove information that identifies you from this information.

- b. **Use or Disclosure With Your Authorization.** As described above, Your consent only permits us to use your health information to treat you, receive payment for services, and for health care operations. We may use or disclose your health information for any reason other than these only when (1) you authorize us to use or disclose this information by signing an Authorization Form (Your Authorization) or (2) there is an exception described in Section V below.

V. **Uses and Disclosures Without Your Consent or Your Authorization**

A. **Use or Disclosure of Health Information without your consent or Your Authorization.** At Associates in Primary Care we may use or disclose your health information without your consent or your authorization under the following circumstances: (1) when you require emergency treatment, (2) when we are required by law to disclose your health information, and (3) when we attempt to obtain your consent but are unable to do so because you are unconscious or otherwise incapacitated and we reasonably infer that you would have consented without these barriers to communication.

B. **Disclosures to Individuals Involved in Your Care or Payment for Your Care.** We may release relevant health information about you to a friend or family member who is involved in your medical care or helps pay for your care.

C. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of a judicial or administrative proceeding if we receive a legal order or other lawful process requiring us to disclose your health information. We may also disclose limited health information to police or law enforcement officials for identification and location purposes and to assist in criminal investigations.

D. **Health or Safety.** We may disclose your health information if we reasonably believe that disclosure would prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

E. **Workers Compensation.** We may disclose your health information as necessary to comply with the Vermont Workers Compensation Statute.

VI. Your Individual Rights

A. **For Further Information: complaints.** If you want further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we have made about your health information, you may contact Associates in Primary Care, HIPAA Compliance Officer, 225 South Main Street, Rutland, VT 05701 or call 802-770-1850, or the Vermont State Board of Nursing, or the Secretary of State.

B. **Right to Request Additional Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you. You also have a right to limit or restrict the information we share with a family member or friend.

C. **Right to Receive Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

D. **Right to Inspect and Copy Your Health Information.** You have the right to obtain a copy of your medical information. Usually this includes medical and billing services. If you request a copy of your record you will be charged a fee for each copy.

E. **Right to receive a paper copy of this notice.** Upon request you may obtain a paper copy of this notice, even if you agreed to receive this notice electronically.

VII. Effective Date and Duration of this Notice.

A. **Effective Date.** This notice describes the privacy policy of Associates in Primary Care, LLC that became effective November 1, 2013.

B. **Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. You may obtain a new notice by contacting Associates in Primary Care, LLC, 802-770-1850.