

St. Louis Hills Internal Medicine

PRIVACY NOTICE SUMMARY

This is a **summary** of our Privacy Notice regarding patients' protected health information. If you wish to read the notice in its entirety, please ask for a copy.

Who Will Follow This Notice

This notice describes our policy regarding the use of your medical information. All physicians, employees, staff and other authorized personnel who may need access to your medical information are bound by this policy.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. Protecting medical information about you is important. This notice describes the ways we may use and disclose medical information about you. We also describe your rights, as well as certain obligations we have, regarding the use and disclosure of medical information.

We are required by law to 1) keep medical information that identifies you private; 2) give you notice of our legal duties and privacy practices with respect to medical information about you; and 3) follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

There are different ways that, by law, we may use and disclose medical information. Here are several examples.

- For treatment.
- For payment.
- For health care purposes.
- For appointment reminders.
- For notifying you of treatment alternatives.
- For health-related benefits and services.
- For individuals involved in your care or payment for your care.
- For research (under certain circumstances)
- As required by law.
- To avert a serious threat to health or safety.
- To military officials if you are in the military or are a veteran.
- For workers' compensation claims.
- For health oversight activities.
- For lawsuits and disputes.
- For law enforcement.
- To Coroners, Medical Examiners and Funeral Directors.
- For protective services for the President, National Security and Intelligence Activities.
- To prison officials of patients who are inmates.

There is a description of each in the full version of this notice.

Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- Right to inspect and copy.
- Right to amend.
- Right to an accounting of disclosures.
- Right to request restrictions.
- Right to request confidential communications.
- Right to a paper copy of this notice both in summary and in complete version.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our medical practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our medical practice, please contact our Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Our Privacy Officer

Title: Nurse Practitioner
Address: 6901 Chippewa, St. Louis, MO 63109
Phone: (314) 644-7000

(For Office Use Only)

Confirmed/Declined Initial _____ Date _____

Patient Acknowledgement (please check all that apply):

- I have read this summary but do not wish to read the full version.
- I have read this summary and the full version.
- I have requested and received a copy of the summary.
- I have requested and received a copy of the full version.

Patient Signature:

Patient Printed Name:

_____ Date _____