

NOTICE OF PRIVACY PRACTICE

During your treatment at Specialized Medical Center, doctors, nurses, and other caregivers may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Specialized Medical Center.

Specialized Medical Center is committed to protecting patient privacy. We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

I. When we may use and disclose your medical information with your written authorization

- **With your authorization** – For any purpose other than the ones described below, we may use or disclose your health information only when you have given us your written authorization.
- **Marketing** – We will obtain your written authorization before using your health information to send marketing materials.
- **Highly confidential information** – There are additional protections for certain confidential health information. For example: psychotherapy notes, diagnosis, prognosis or treatment for alcohol or drug dependency, HIV testing or results, may require a special authorization.
- **Selling your information** – We will not sell your medical information without your written authorization.

II. When we may use and disclose your medical information without your written authorization

- **Payment** – We may use or disclose your information to obtain payment for services provided to you.
- **Treatment** – We may disclose your information to another health care provider so they can treat you; to provide appointment reminders; or to provide information about treatment alternatives.
- **Health care operations** – This includes using your information for certain activities that are necessary to operate the practice and ensure that patients receive quality care. For example, we may use your information to review the performance of staff.
- **Reminders** – To remind you of appointments or other information about new or alternative treatments or other health care services for the purposes of care coordination.

- **As required by law** – We will disclose your medical information if we are required to do so by local laws.
- **Business Associates** – We may disclose information about you to our business associates so they can perform the services that we have contracted them to do for us. For example, we may disclose your information to attorneys, collection and accreditation organizations.
- **Public health activities** – We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Research** – We may use and disclose your medical information for research purposes with your specific, written authorization or if the research has been approved and reviewed for privacy by our Institutional Review Board. Researchers may review your health information in a limited manner to determine if the study or participants are appropriate.
- **Special Circumstances** – We may use and disclose your medical information in these special circumstances:
 - Organ and tissue donation
 - Health oversight activities (as required or allowed by law)
 - Judicial and administrative proceedings
 - Workers compensation
 - Coroners, medical examiners and funeral directors
 - National security and intelligence activities
 - Law enforcement

III. Disclosures We Make Unless You Object

- **To others involved in your care** – We may provide information to family, friends, or other people involved in your health care with your authorization.

IV. Your Rights Regarding Your Medical Information

- **Right to inspect and copy your health information** – You may request access to your health information to review or request copies of the information. This usually includes medical and billing records maintained by Specialized Medical Center. – You have the right to request an electronic copy of your medical information.
- **Right to request restrictions on the use or disclosure of your health information** – You have the right to request restrictions on the use or disclosure of your medical record to your health plan for payment or health care operations if you have paid in full for the treatment out-

of-pocket. This request must be in writing and identify what information you want to limit, how you want to limit the use and/or disclosure, and to whom you want the limits to apply.

- **Right to request to correct or amend your health information** – You may ask us to correct your health information. We will consider all requests and may deny your request for legitimate reasons, for example, if we determine that the record is accurate and complete.
- **Right to be notified of a breach** – We will notify you in the event of a breach of your protected health information.

V. Complaints or Questions

- If you believe your privacy rights have been violated, you may file a complaint with us by notifying our Privacy Officer. We will not retaliate against you for filing a complaint.