

• **Deceased Patients:** Our practice may release protected information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

- research,
- criminal activity,
- national security,
- workers' compensation

• Inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request.

Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object, unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes.

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

• **Inspection and copy:** You have the right to inspect and copy your protected health information. However, there is a fee to copy.

NOTE: There is a charge for copying a medical record or any part of a medical record. All fees will be paid in advance. This fee is set by the State of Alabama. Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

• **Requesting restriction:** you have the right to request restriction of your protected health information – This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. **NOTE: ALABAMA LAW STATES WE MUST PROVIDE ACCESS TO A CHILD'S MEDICAL RECORDS TO BOTH PARENTS UNLESS THERE IS A COURT ORDER PROHIBITING ACCESS.** We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Your request must state the specific restriction requested and to whom you want the restriction to apply.

• **Confidential communications** – You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

• **Amendment:** You have the right to request an amendment to your protected health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: accurate and complete; or not created by our practice, unless the individual or entity that created the information is not available to amend the information.

- Right to receive notice of a breach – We will notify you if your protected health information has been breached.
 - Right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically.
- We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment.

MINIMUM NECESSITY RULE

Our state will not use or access your PHI unless it is needed to do their jobs. Our staff are trained in HIPAA Privacy and Security rules and sign a Confidentiality Policy with regards to keeping private your PHI. Also, we disclose to outside entities only as much of your PHI as is needed to accomplish the recipients' lawful purposes.

CHANGES TO PRIVACY POLICY

We reserve the right to change our privacy practices at any time as authorized by law. The changes will be considered immediate and will apply to all PHI we create or receive in the future. If we make changes, we will post the changed Notice on our website and in our oce. Upon request, you will be given a copy of our current Notice.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

Dr. Sherrill's Office · 256-273-6827

Privacy Officer

Encore Medical Spa & Family Medicine

1202 Gault Ave North Fort Payne, AL 35967

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Privacy Officer.

Please note that by signing the Acknowledgment in the Department's CHR-3 you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.