



NOTICE OF PRIVACY PRACTICES
Effective 11/04/2014

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION: PLEASE REVIEW IT CAREFULLY.

This is a formal notification required by CMS (Centers for Medicare and Medicaid Services) under the law, concerning the privacy policy of Wound MD, PC (the "Practice"). The Practice believes that it is important that all patients and staff understand how patient information is protected. The Practice is required by law to maintain all medical records and information in the strictest of confidence to safeguard patient conversations, reminder calls, test results and other information that may be of a confidential nature. Patient information about health care is identified as "PHI" or protected health information. This policy requires that you, the patient, identify and clarify at the time of registration or re-registration with the Practice who we can talk to, how we can leave information on your behalf, and the process for ongoing continuity of your medical care. You can change this information at any time with either written notification or verbal notification, followed up in writing. Changes can only impact care or information from that point forward.

Uses and Disclosures

Protected health information (PHI) is part of your medical care, and can be used or disclosed as follows:

- **Treatment.** For your treatment by the Practice and other providers. This may include referrals for services such as lab, x-rays, other diagnostic testing or treatment related to your condition or medical care needs. This may also include conversations with other physicians or other providers regarding your treatment.
- **Payment.** For obtaining payment for any treatment provided to you, including communication with your identified insurance or health coverage program. This would include any documentation related to this process, which may include history forms, progress notes or operative notes. This also includes eligibility verification, prior authorization and claim submission.
- **Health Care Operations.** For operations of the Practice, such as enrolling with insurance programs, obtaining hospital privileges, accounting, and compliance with federal and state laws and regulations. We may also use and disclose your PHI for educational, quality assurance, and other business functions, such as evaluating the performance of our staff and other teaching and learning purposes.
- **Appointment Reminders.** The Practice may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits or services that may be of interest to you.
- **Other Uses and Disclosures** The Practice may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:
 - **As Required By Law.** The Practice may use or disclose your information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required and permitted by law, of any such uses or disclosures.
 - **Public Health.** The Practice may disclose your information for public health activities to a public health authority permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. The Practice may also disclose your information, if directed by the public health authority, to another government agency collaborating with the public health authority.
 - **Communicable Diseases.** The Practice may disclose your information, if authorized by law, to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading the disease.
 - **Health Oversight.** The Practice may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies may include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
 - **Abuse or Neglect.** The Practice may disclose your information to a public health authority that is authorized by law to receive reports of child abuse or neglect. The Practice may disclose your information if the Practice believes that you have been a victim of abuse, neglect or domestic violence to the appropriate governmental entity or agency. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.



- Food and Drug Administration. The Practice may disclose your information to a person or company required by the FDA to: report adverse events, product defects or problems, or biologic product deviations; track products; recall a product; to make repairs or replacements; or to conduct post marketing surveillance.
- Judicial or Administrative Proceedings. The Practice may disclose your information when required for judicial or administrative proceedings, such as in response to a subpoena or discovery request if certain conditions are met. One condition is that satisfactory assurances must be given to the Practice that the requesting party has made a good faith attempt to provide you written notice with sufficient information to permit you to raise an objection and that you raise no objections or your objections were resolved in favor of disclosure by the court or tribunal.
- Law Enforcement. The Practice may also disclose information for law enforcement purposes, if applicable legal requirements are met. These law enforcement purposes include (1) legal processes or as otherwise required by law, (2) limited information requests for identification and location purposes, (3) information pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.
- Coroners, Funeral Directors, and Organ Donation. The Practice may disclose your information to a coroner or medical examiner for identification purposes, determining cause of death or, the coroner or medical examiner to perform other duties authorized by law. The Practice may also disclose your information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties. The Practice may disclose such information in reasonable anticipation of death. Your information may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- Research. The Practice may disclose your information for research, subject to conditions.
- Criminal Activity. Consistent with applicable federal and state laws, the Practice may use or disclose your information, if the Practice believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Practice may also disclose your information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- Military Activity and National Security. When the appropriate conditions apply, the Practice may use or disclose information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. The Practice may also disclose your information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- Workers' Compensation. Your information may be disclosed by us as authorized to comply with workers' compensation laws and similar legally-established programs.
- Inmates. The Practice may use or disclose your information if you are an inmate of a correctional facility and your physician created or received your information in the course of providing care to you.
- Required Uses and Disclosures. Under the law, the Practice must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with the law.
- **Others Involved in Your Healthcare**. Unless you object, the Practice may disclose to a member of your family, a relative, a close friend or any other person you identify, your information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, the Practice may disclose such information if the Practice determines that it is in your best interest based on its professional judgment. The Practice may use or disclose your information to notify or assist in notifying a family member, a personal representative or any other person that is responsible for your care of your location, general condition or death.
- **Other Authorized Uses and Disclosures**. Other than stated in this document, the Practice will not use or disclose your health information without your written authorization. The Practice is required by law to obtain your authorization for the following types of disclosures:
 - Disclosures of psychotherapy notes, unless the use or disclosure is (i) for treatment; (ii) for the Practice's own training programs for students, trainees, or practitioners in mental health; (iii) to defend the Practice in a legal action or other proceeding brought by you; (iv) required to determine the Practice's compliance with HIPAA; (v) required by law; (vi) to a health oversight agency for oversight activities authorized by law; (vii) to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law; or (viii) believed by the Practice, in good faith, to be necessary



to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Psychotherapy notes means notes of a mental health professional from a counseling session that are maintained separate from the rest of your medical record.

- Disclosures for marketing that are not face-to-face communications or promotional gifts
- Disclosures that are the sale of protected health information

You may revoke your authorization, at any time, in writing. However, if we have already made a use or disclosure based on your written authorization, uses or disclosure cannot be undone.

Individual Rights Regarding PHI

Right to Request Restrictions. You have the right to request restrictions on the use and disclosure of your information. If you have paid the entire cost of an item or service out of pocket, you may ask us not to disclose information about that item or service to your healthcare plan, and we will comply with this restriction. We are not required to agree to any other requested restriction.

- **Right to Receive Confidential Communications.** You have the right to have the Practice use only confidential means of communicating with you about medical information. This means you may have information delivered to you at a certain time or place, or in a manner that keeps your information confidential.
- **Right to Access.** You have the right to see and receive a copy of your information kept by the Practice under most circumstances. You shall have access to your information upon request, except in instances where your treating physician determines that it would not be medically advisable to provide the information to you, in which case the information will be provided to your legal representative.
- **Right to Amend PHI.** You have the right to have the Practice amend its records of your information about you. The Practice may refuse to amend information that is accurate, that was created by someone else, or is not disclosable to you.
- **Right to Receive an Accounting of Disclosures.** You have the right to see a list of disclosures of your medical information by the Practice, which includes the purposes and recipients of the information.
- **Right to Paper Copy of this Notice.** The right to see and obtain copies of this information (you are responsible for any fees or postage).

Complaints. You may file a complaint with the Practice if you feel that your privacy rights have been violated. All complaints must be submitted in writing. To file a complaint, contact the Practice’s Privacy Official at 216-273-9800 ext 909. You may also complain to the U.S. Secretary of Health and Human Services, who is responsible for overseeing compliance with federal privacy law. You will not be retaliated against for filing a complaint. If you would like to file a complaint with the U.S. Department of Health and Human Services, your complaint should be direct to: Office for Civil Rights, U.S. Department of Health and Human Services, 90 7th Street, Suite 4-100, San Francisco, CA 94103.

Revisions to this Notice. The Practice reserves the right to modify or change this privacy statement and process at any time. Revision to this Notice will be posted to our website and available upon request by contacting the office. The changes will apply the PHI be effective retroactively to the initial date of the concern or complaint about how your protected health information is being used, from this time forward

Contact. If you have any questions or comments about this Notice, or to request a paper copy of it, you can call the Practice’s Privacy Officer at 216-273-9800 ext 909.

My signature below acknowledges receipt of this Notice of Privacy Practices.

Signature: _____

Date: _____

Print Name: _____

Patient/Spouse/POA/Legal Guardian
(Please Circle One)