

Lafayette Family Care

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL RESPONSIBILITIES

We are required by law to maintain the privacy of your health information. We are also required to provide you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on June 1, 2012, and will remain in effect until it is replaced.

You may request a copy of this notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

The following categories describe some examples that our practice may use and disclose your health information. These are some examples and therefore, not every permitted use and disclosure is listed.

Treatment: We may use or disclose your health information to provide you treatment and services. We may use or disclose your health information to healthcare providers and other facility personnel who provide treatment or services to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose medical information about you in connection with our healthcare operations. These uses and disclosures are necessary to run the practice and make sure that our patients receive quality health care. For example, we may use medical information to review our treatment, services and to evaluate our performance in caring for you. We may also disclose medical information to doctors, nurses, medical assistants, staff, students and other practice personnel for educational purposes.

Your Authorization: Beyond the limits of our use of your health information for treatment, payment or healthcare operations listed herein, you may in addition give us written authorization to use your health information or to disclose it to anyone for any

purpose. If you give us written authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

Appointment Reminders and Communication via E-mail: We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or health care. We may disclose your health information via e-mail as described in the Informed Consent Regarding E-mail Use.

To Your Family and Friends: We must disclose your health information to you, as described in the patient rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Person Involved In Your Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to us or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communication without your written authorization.

Required by Law: We may disclose your health information when we are required to do so by law including, but not limited to, the police or other law enforcement officials, or in the course of a judicial or administrative proceeding when required by a legal order or other lawful requirement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

YOUR HEALTH INFORMATION RIGHTS

Access: You have the right to inspect and obtain a copy of your health information. This includes your medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. To inspect or obtain a copy of your medical information, you must submit your request in writing to the name and address listed at the end of this Notice.

Disclosure Accounting: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required

Additional Restrictions: You have the right to request that we place additional restrictions, beyond those described already, on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except by emergency necessity).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request for such alternative communication in writing. Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

A Paper Copy of This Notice: You have the right to a paper copy of this notice upon written request, even if you have agreed to receive this notice electronically.

If you want more information about our privacy practices, or have questions or concerns, please contact us. If you believe your privacy rights have been violated, you have the right to submit a written complaint to us using the contact information listed below, and to the Secretary of the Department of Health and Human Services. Nobody is permitted to retaliate against you for filing a complaint.

Contact Person: Yueer Ren, FNP
Telephone: (603) 433-3636
Fax: (603) 433-3939
Address: Lafayette Family Care
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