

PICTURE OF HEALTH & THERMOGRAPHY,LLC
NOTICE OF PRIVACY PRACTICES

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

PICTURE OF HEALTH & THERMOGRAPHY, LLC is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (example)

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with

PICTURE OF HEALTH & THERMOGRAPHY, LLC

“It is our policy to provide a substitute health care provider, authorized by PICTURE OF HEALTH & THERMOGRAPHY, LLC to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

Workers’ Compensation

We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings.

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement.

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons.

We may disclose your health information to coroners or medical examiners.

Organ Donation.

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research.

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety.

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies.

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing.

We may contact you for marketing purposes or fundraising purposes, as described below: (example)

“As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.”

“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of PICTURE OF HEALTH & THERMOGRAPHY, LLC sponsored fund-raising events.”

Change of Ownership.

In the event that PICTURE OF HEALTH & THERMOGRAPHY, LLC is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- ^{3/4} You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that PICTURE OF HEALTH & THERMOGRAPHY, LLC is not required to agree to the restriction that you requested.

- ¾ You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- ¾ You have the right to inspect and copy your health information.
- ¾ You have a right to request that **PICTURE OF HEALTH & THERMOGRAPHY, LLC** amend your protected health information. Please be advised, however, that **PICTURE OF HEALTH & THERMOGRAPHY, LLC** is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- ¾ You have a right to receive an accounting of disclosures of your protected health information made by **PICTURE OF HEALTH & THERMOGRAPHY, LLC**
- ¾ You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

PICTURE OF HEALTH & THERMOGRAPHY, LLC reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, **PICTURE OF HEALTH & THERMOGRAPHY, LLC** required by law to comply with this Notice.

PICTURE OF HEALTH & THERMOGRAPHY, LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: **PICTURE OF HEALTH & THERMOGRAPHY, LLC manager, Wanda Chavis** by calling this office at **910-580-2077** if **PICTURE OF HEALTH & THERMOGRAPHY, LLC manager** is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights, or how **PICTURE OF HEALTH & THERMOGRAPHY, LLC** has handled your health information should be directed to **Wanda Chavis** by calling this office at **910-580-2077**. If **PICTURE OF HEALTH & THERMOGRAPHY, LLC manager** is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of 12/25/2017

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide **PICTURE OF HEALTH & THERMOGRAPHY, LLC** with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

Patient's Name (print)

Patient's Signature

Date

Authorized Facility Signature

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of PICTURE OF HEALTH & THERMOGRAPHY, LLC "NOTICE OF PRIVACY PRACTICES," revision date 12/25/2017

As required by the Privacy Regulations, _____ from
Name of Staff Member
PICTURE OF HEALTH & THERMOGRAPHY, LLC has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that PICTURE OF HEALTH & THERMOGRAPHY, LLC has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

- I wish to file a "Request for Restriction" of my Protected Health Information.
- I wish to file a "Request for Alternative Communications" of my Protected Health Information.
- I wish to object to the following in the "Notice of Privacy Practices:"

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices."

Signature Date

Print Name

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Good faith effort to obtain receipt: (Describe) _____

