

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.

Spokane Urology P.S. respects your privacy. We understand that you're personal Health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in Providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnosis, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose you're protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations.

For treatment:

- . Information obtained by a nurse, physician, or other members of our health care team will be recorded in your medical record and use to help decide what care may be right for you.
- . We may also provide information to others providing you care. This will help them stay informed about your care.

For payment:

- . We request payment from your health insurance plan. Health plans may need information from us about your medical care. Review your insurance carrier contract regarding your acknowledgement, authorization and acceptance of their *release of medical information* guidelines. Do not hesitate to contact them regarding questions.

For health care operations:

- . We use your medical records to assess quality and improve services.
- . We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- . We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- . We may contact you to raise funds.
- . We may use and disclose your information to conduct or arrange for services, including:
 - . medical quality review by your health plan.
 - . accounting, legal, risk management and insurance services.
 - . audit functions, including fraud and abuse detection and compliance

For Public Health and Safety Purposes as Allowed or Required by Law:

- . To prevent or reduce a serious, immediate threat to the health or safety of a person
- . Or the public.
- . To public health or legal authorities
 - . to protect public health and safety
 - . to prevent or control disease, injury or disability
 - . to report vital statistics such as births or deaths
- . **To Report Suspected Abuse or Neglect** to public authorities
- . **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- . **For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- . **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.
- . **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- . **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- . **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- . **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- . **For Specialized Government Functions.** For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

- . Uses and disclosures not in the Notice will be made only as allowed or required by law or with your written authorization.