

## Notice of Health Information Practices

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

At *Mary C. Kerr, M.D., M.P.H.*, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective January 1, 2003, and applies to all protected health information as defined by federal regulations.

### How Our Practice May Use or Disclose Your Health Information

Treatment: Our practice may use your health information to provide you with medical treatment or services. Each time you visit *Dr Kerr*, a record of your visit is made. This information is necessary for health care providers to determine what treatment you should receive. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

Payment: Our practice may use and disclose your health information to others for the purposes of receiving payments for treatment and services that you receive. The bill may be sent to you or a third party payer, such as an insurance company or health plan. The information in the bill may contain information that identifies you, your diagnosis and treatment or supplies used in the course of treatment.

Health Care Options: Our practice may use and disclose health information about you for operational purposes. Your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and or others to:

- Evaluate the performance of our staff
- Assess the quality of care and outcomes in your case and similar cases
- Learn how to improve our facilities and services
- Determine how to continually improve the quality and effectiveness of the health care we provide
- A source of data for medical research,

Appointments: Our practice may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Required By Law: Our practice may use and disclose information about you as required by law for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority
- To report information related to victims of abuse, neglect or domestic violence
- To assist law enforcement officials in their law enforcement duties

Communication with family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Public Health & Safety: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities. It may be used or disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Workers Compensation: Your health information may be used or disclosed in order to comply with laws and Regulations related to Workers Compensation.

Other Uses: Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent our practice has taken action in reliance on such.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others

### **Your Health Information Rights**

Your health record is the physical property of *Mary C. Kerr, M.D., M.P.H.*, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522  
However, our practice is not required to agree to a requested restriction
- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations

### **Our Responsibilities**

*Mary C. Kerr, M.D., M.P.H.*, is required by law to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to your health information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change its information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be made available to you by written notice.

### **Complaints / Report a Problem**

If have questions and would like additional information, you may contact the practice's Privacy Officer. If you believe your privacy rights have been violated, you can file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

### **E Mail**

The office of Mary C. Kerr, M.D., M.P.H., has a secure, encrypted e mail system to keep your personal health information safe. Please sign below to consent that the office may contact you by e mail.

I consent to be contacted by e mail with the office of Mary C. Kerr, M.D., M.P.H.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature