

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW THE OFFICE OF JAMES R CURTISS, MD, LLC, MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The office of James R. Curtiss, MD, LLC, is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by our health care providers or received from other health care providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. James R. Curtiss, MD, LLC, will abide by the terms of this Notice or the Notice currently in effect at the time of use or disclosure of your protected health information.

James R Curtiss, MD, LLC, reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not requiring your consent

James R Curtiss, MD, LLC, may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment, and healthcare operations.

- Treatment operations include, but are not limited to, providing, managing, or coordinating your care with other health care professionals.
- Payment operations or activities include, but are not limited to contacting your insurance company for eligibility, benefits, preauthorization or precertification, or any collection activities deemed necessary and appropriate in order to obtain payment for services provided for you by James R Curtiss, MD, LLC.
- Healthcare operations include, but are not limited to the following activities: assessing quality in order to improve services, training staff, contacting patients about appropriate treatment alternatives, or arranging for accounting, legal, risk management, insurance, or auditing services.
- James R Curtiss, MD, LLC, may contact you, by telephone or mail, to provide appointment reminders or test results.
- Restrictions: There are certain restrictions on uses and disclosures of treatment records, which include records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV results.
- We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when James R Curtiss, MD, LLC, is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include, but are not limited to, the following:

As permitted or required by federal, state, or local law.

In certain circumstances, we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies.

For public health activities.

- We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency.
- We are required to report positive HIV test results to the state epidemiologist for surveillance, investigation, or to control communicable diseases. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure. We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV.
- We may release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration, when required by federal law.
- We may disclose healthcare records, except for HIV test results, for the purpose of reporting, elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm.

For health oversight activities.

We may disclose health information to federal or state governmental agencies to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification.

Judicial and Administrative Proceedings.

Patient health care records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all health care records, except for HIV test results.

For activities related to death.

We may disclose patient health care records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.

For research

We may use and disclose your health information to help conduct research, but only if such research has policies in place to protect the privacy of your health information.

To avoid a serious threat to health or safety

Health information may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

For workers' compensation.

We may disclose your health information to the extent such records is reasonably related to any injury for which workers compensation is claimed.

James R Curtiss, MD, LLC, will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that James R Curtiss, MD, LLC, has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

Right to Request Restrictions: You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by James R Curtiss, MD, LLC, to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain health care information.

Right to Review/Obtain Copy of Medical Records: You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in civil, criminal, or administrative action or proceeding. James R Curtiss, MD, LLC, may deny any access under other circumstances, in which case you have the right to have such a denial reviewed. There is no charge for the first copy of your medical record; you will, however, be charged a reasonable fee for any additional copies.

Right to Request Amendment: You may request that James R Curtiss, MD, LLC, amend portions of your healthcare records, as long as we maintain such information. You must submit this request in writing, and under certain circumstances, the request may be denied.

Right to Receive an Accounting of Disclosures: As provided in §164.528, you may request to receive an accounting of the disclosures of your protected health information (PHI) made by James R Curtiss, MD, LLC, for six years prior to the date to the request, beginning with disclosures made after April 14, 2003. The right to an accounting only applies to disclosures of PHI (sharing of PHI *outside of* the health care entity), not to uses of PHI (sharing of PHI *within* the healthcare entity).

Right to Receive a Paper Copy of this Notice: You may request and receive a paper copy of this Notice.

Any person or patient may file a complaint with James R Curtiss, MD, LLC, and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with James R Curtiss, MD, LLC, please contact the Privacy Officer at the following:

Practice Administrator
James R Curtiss, MD, LLC
1325 Andrea St, Ste 307
Bowling Green, KY 42104

It is the policy of James R Curtiss, MD, LLC, that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices has last been updated November 28, 2011.

This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R_ 164.520.