

## **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.**

The terms of this Notice of Privacy Practices apply to Millennium Therapy, the physicians who refer to our practice and other licensed professionals involved in your care. All members of this clinically integrated health care team work with Millennium Therapy to assure high quality care. All of the entities and persons listed will share Protected Health Information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. Only the minimum amount of information required will be shared.

We are required by law to maintain the privacy of our patients' Protected Health Information and to provide patients with notice of our legal duties and privacy practices with respect to your Protected Health Information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. You may receive a copy of any revised notices from Millennium Therapy's administrative office or a copy may be obtained by mailing a request to Millennium Therapy. A copy of the Notice is also available electronically on our Web Site at: [www.e3worktherapy.com](http://www.e3worktherapy.com).

If a use or disclosure of your Protected Health Information under the HIPAA Privacy Ruling is prohibited or otherwise limited by another State or Federal law applying to the information, we are required to follow the more stringent law.

We are required by law to notify you if there is breach of your Protected Health Information by us or by our Business Associates.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

#### **Your Authorization and Consent**

Unless we have listed it below, we will not use or disclose your Protected Health Information for any purpose unless you have signed a form consenting to or authorizing the use or disclosure. You have the right to revoke that consent or authorization in writing unless we have taken any action in reliance on the consent or authorization.

#### **Uses and Disclosures for Treatment**

We may make uses and disclosures of your Protected Health Information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, and other treatments.

### **Uses and Disclosures for Payment**

We may make uses and disclosures of your Protected Health Information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

### **Uses and Disclosures for Health Care Operations**

We may use and disclose your Protected Health Information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your Protected Health Information for purposes of improving the clinical treatment and care of our patients.

### **Directories**

We do NOT maintain an organization directory listing your information. No information that you provide us as part of your care and treatment will be included in a directory.

### **Family and Friends Involved In Your Care.**

With your approval, we may from time to time disclose your Protected Health Information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited Protected Health Information with such individuals without your approval. We may also disclose limited Protected Health Information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

### **Business Associates**

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain of your Protected Health Information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

### **Appointments and Services**

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your Protected Health Information from us by alternative means or at alternative locations. For instance, if you wish appointment

reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the Privacy Officer.

## **Research**

In limited circumstances, we may use and disclose your Protected Health Information for research purposes. For example, a researcher may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

## **Other Uses and Disclosures**

We are permitted or required by law to make certain other uses and disclosures of your Protected Health Information without your consent or authorization.

- We may release your Protected Health Information for any purpose required by law;
- We may release your Protected Health Information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your Protected Health Information as required by law if we suspect child abuse or neglect; we may also release your Protected Health Information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your Protected Health Information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your Protected Health Information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;
- We may release your Protected Health Information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your Protected Health Information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your Protected Health Information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your Protected Health Information to coroners and/or funeral directors consistent with law;
- We may release your Protected Health Information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your Protected Health Information if you are a member of the military as required by armed forces services; we may also release your Protected Health Information if necessary for national security or intelligence activities; and
- We may release your Protected Health Information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

## **RIGHTS THAT YOU HAVE**

### **Access to Your Protected Health Information**

You have the right to copy and/or inspect much of the Protected Health Information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge you \$1.00 per page if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an access request form from the Medical Records or Business Office staff.

### **Amendments to Your Protected Health Information**

You have the right to request in writing that Protected Health Information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the Medical Records or Business Office staff.

### **Accounting for Disclosures of Your Protected Health Information**

You have the right to receive an accounting of certain disclosures made by us of your Protected Health Information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the Medical Records department. The first accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting you request within the same 12-month period.

### **Restrictions on Use and Disclosure of Your Protected Health Information**

You have the right to request restrictions on certain of our uses and disclosures of your Protected Health Information for treatment, payment, or health care operations on the consent form you sign when you become a patient. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Medical Records department and/or Privacy Officer. If you have paid for a health care item or service in full, out of pocket, we must honor your request to restrict information from being disclosed to a health plan for purposes of payment or operations.

**Marketing and Fundraising**

We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money for special fundraising projects and you will have the right to opt out of receiving such communications with each solicitation. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services. You have the right to request that we not send you any future marketing or fundraising materials, and we will use our best efforts to honor such request. You may make the request by sending your name and address to the Privacy Officer with your request to be removed from our marketing and fundraising mailing lists.

**Complaints**

If you believe your privacy rights have been violated, you can file a complaint in writing with Millennium Therapy’s Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact the Privacy and Security Officer through the following location:

CLINIC NAME:               **E-3 Work Therapy**  
ADDRESS:                   **4725 Merle Hay Rd., Suite 207**  
CITY, STATE ZIP:       **Des Moines, IA 50322**  
PHONE:                     **515-331-3190**

As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

**EFFECTIVE DATE**

This Notice of Privacy Practices is effective September 23, 2013.