

Internal Medicine Group, P.C.

Notice of Privacy Practices

This Notice is required by the federal Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Internal Medicine Group, P.C. (IMG) is committed to protecting the privacy of your individually identifiable health information. IMG is required to give you this notice to tell you how we may use and disclose your protected health information (PHI) and instruct you on your rights relating to this information.

IMG's Use or Disclosure of Your Protected Health Information (PHI):

- 1. Treatment.** IMG uses your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Finally, we may also disclose your PHI to other physicians, such as your family physician, who are involved in your treatment.
- 2. Payment.** IMG may use and disclose your PHI in order to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.
- 3. Health Care Operations.** IMG may use and disclose your PHI to operate our business. For example we may use and disclose your information to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for IMG.
- 4. Appointment Reminders.** IMG may use and disclose your PHI to contact you and remind you of an appointment.
- 5. Release of Information to Family/Friends with Your Permission.** IMG may release your PHI to a family member or friend involved in your care, or who assists in taking care of you with your permission. For example, a family member who assists you in meeting your health care needs may accompany you on a visit to IMG. This family member may have access to your medical information while we are treating you and/or to assist in your follow-up care.
- 6. Disclosures Required By Law.** IMG will use and disclose your PHI when we are required to do so by federal, state or local law.

Authorization:

IMG will obtain your written authorization to use or disclose your PHI for any purpose that is not set out in this notice. You may revoke your authorization any time.

Your Rights:

You may:

- Inspect and get a copy of your PHI held by IMG.
- Amend any of your PHI created by IMG if you believe that it is incorrect or you believe that information is missing, and IMG agrees. If IMG disagrees, we will advise you of that fact. You may have a statement of your disagreement added to your PHI.
- Obtain a list of those who have received your protected health information from IMG for any disclosure made after April 14, 2003 not to exceed 6 years. The list will not include certain disclosures such as PHI: for your treatment, payment or for our health care operations; given to you or to your personal representative; that you or your personal representative authorized IMG to release; or that was disclosed for law enforcement purposes.
- Ask IMG to communicate with you in a different manner or at a different place such as sending PHI to your office rather than your home address.
- Request that IMG limit how your PHI is used and disclosed. IMG will accommodate reasonable requests but may not agree with limitations that conflict with treatment, payment or health care operations.
- Obtain a paper copy of this notice.

IMG's Responsibilities and Rights:

IMG:

- Is required by law to maintain the privacy of your PHI and to furnish you with notice of our legal duties and privacy practices regarding your PHI;
- Must follow the terms of the notice currently in effect;
- Must obtain a signed acknowledgement that you received this notice or document that you received this notice; and
- May revise our privacy practices as outlined in this notice and make the new practices effective for all the PHI we maintain. IMG will issue a revised notice should our privacy practices be changed.

Complaints:

If you believe your privacy rights have been violated, you may make a complaint with IMG and/or to the Secretary of the Department of Health and Human Services there will be no retaliation against any person making a complaint. Complaints should be made in writing to the IMG, Supervisor Medical Records at the address shown below.

Contact:

If you have questions or concerns or wish to make a complaint please contact:

IMG, Supervisor Medical Records
2301 House Ave., Suite 300
Cheyenne WY 82001
Telephone (307) 635-4141
Toll free (800) 374-7687