

NOTICE OF PRIVACY PRACTICES

This notice describes how Health Information about you may be used and disclosed, and how you can get access to your information. Please review it carefully. The privacy of your medical information is important to us.

OUR COMMITMENT TO YOUR PRIVACY

One Vascular is dedicated to maintaining the privacy of your individually identifiable Health Information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of Health Information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your Health Information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this time. The terms of this notice apply to all records containing your Health Information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will always post a copy of our current Notice in our offices in a visible location, and you may request a copy of our most current Notice at any time.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THE FOLLOWING WAYS:

Treatment: We may use your Health Information to treat you. For example, we may ask you to have laboratory tests to help us reach a diagnosis or we might use your Health Information to a pharmacy to order a prescription for you.

Payment: We may use and disclose your Health Information to bill and collect payment for service you receive from us.

Health Care Operations: We may use and disclose your Health Information for operational purposes to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

Appointment Reminders/Treatments Alternatives/Health-Related Benefits and Services: We may use and disclose your Health Information to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may disclose your Health Information to others involved in your medical care or helps pay for your care including, but not limited to, your spouse, children, parents, or friend.

Research: Under certain circumstances we may use and disclose your Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or treatment to those who received another, for the same condition. We may permit researchers to look at records to help them identify patients who may be included in the research projects.

As Required by Law: We will disclose your Health Information when required to do so by international, federal, state, or local law.

To Avert Serious Threat to Health or Safety: We may use and disclose your Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help or prevent the threat.

Business Associates: We may disclose your Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All our business associates are obligated, under contract with us, to protect the privacy of your Health Information and are not allowed to use or disclose any Health Information other than as specified in our contract.

Organ and Tissue Donation: If you are an organ or tissue donor, we may release your Health Information to organizations that handle organ procurement or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release your Health Information as required by military command authorities. We also may release your Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation: We may release your Health Information for workers' compensation or similar programs.

Public Health Risks: We may disclose your Health Information for public health activities. These activities generally include disclosures to: a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; prevent or control diseases, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products that they may be using; a person who may have been exposed to a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make such disclosure.

Health Oversight Activities: We may disclose your Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose your Health Information in response to a court or administrative order. We also may disclose your Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release your Health Information if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; about crime conducted on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release your Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Health Information to the correctional institution or law enforcement official. This release would be if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) the safety and security of the correctional institution.

Information with Additional Protections: Certain types of Health Information have additional protection under state and federal laws. For instance, Health Information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and court ordered mental evaluation is treated differently than other types of medical information. This Health Information requires your permission before disclosing to others in most circumstances.

Other Uses of Health Information: Other use and disclosures of your Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission. With some limitations, you have the right to revoke in writing.

YOU HAVE THE FOLLOWING RIGHTS REGARDING THE HEALTH INFORMATION WE MAINTAIN ABOUT YOU.

Right to Request Confidentiality Communication: You have the right to specify where you would like to be contacted.

Right to Request Restrictions: You have the right to request a restriction on our use or disclosure of your Health Information for purposes other than treatment, payment, and business operational purposes. We will try to accommodate your request; however, granting restrictions is not always possible.

Right to Inspection and Copies: You have the right to review and request copies of your Health Information that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Amendments: If you feel that your Health Information is incorrect or incomplete, you may ask us to amend the information and you must tell us the reason for your request. You have the right to request an amendment for as long as the information is kept by One Vascular. A request for amendments must be submitted in writing to the Privacy Officer.

Right to Accounting of Disclosures: You have the right to request an "accounting of disclosures" of your Health Information. However, Health Information released in certain circumstances, such as for payment, treatment or operations will not be included in the list. The first list you request within a 12-month period will be free. For additional lists, we may charge you for providing the list.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice. You may request a copy of this Notice at any time.

How to Exercise Your Rights: To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the end of this Notice. Alternatively, to exercise your right to inspect and copy your Health Information, you may contact your physician's office directly.

Request Information or File a Complaint: If you have questions, would like additional information, want to report a problem regarding the handling of your Health Information or if you believe your privacy rights have been violated and wish to file a written complaint with our office, please contact our Privacy Officer. You may also file a complaint with the Secretary of Health and Human Services. We cannot and will not require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our practice. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.



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ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have the right to privacy regarding my protected health information. I understand that this information will be used to carry out treatment, payment, and health care operations.

I acknowledge that I have received a copy of One Vascular's Notice of Privacy Practices containing a description of these uses and disclosures of my protected health information and my individual rights with respect to my protected health information.

PATIENT NAME: _____

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

I have attempted to obtain the patient's signature in acknowledgment of this Notice of Privacy Practices but was unable to do so as documented below:

Date: _____ Name: _____

Reason: _____