

## **NOTICE OF PATIENT PRIVACY PRACTICES**

Federal regulations require that we make every participant and their families aware of our privacy practices. This is a summary of our Notice of Privacy Practices.

This notice describes how medical information about the participant at IMCC may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice, please contact our Privacy Contact, who is Christi Clark, at 703-204-4664.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to protect the privacy of your information, provide this notice about our information practices, and abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. A revised notice will be provided to you, sent or posted on our website. You can request a copy of our notice at any time.

### **1. How we may use or disclose your Protected Health Information**

#### **a. Treatment, Payment and Health Care Operations**

We may use medical information about you in order to provide you with medical treatment or services, or to provide, coordinate or manage your health care treatment and related services. For example, we may disclose medical information about you to doctors, nurses, social services personnel or other IMCC staff who are involved in taking care of you. We may disclose medical information about you to collect payment from you, your insurance company or a third party payer. We may use and disclose medical information about you for IMCC's operations purposes. These uses and disclosures help us run our Center and to make sure that all participants receive quality care.

Any other uses or disclosures of your protected health information will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

#### **b. Business Associates**

There are some services provided in our organization through contracts with business associates. To protect your medical information, we share with our business associates only the minimum amount of information necessary for them to assist us. We require them to safeguard the information given to them according to contractual agreement.

c. Communications about Services

We may use your medical information to contact you to:

- Remind you when the annual updated physical exam is due
- Tell you about possible treatment alternatives
- Tell you about health related benefits or services

d. Individuals Involved in your Care or Payment for your Care

We may release medical information about you to your legally authorized personal representative or to a designated family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

We may use or disclose identifiable health information about you without your authorization for other reasons. Subject to certain requirements, we may disclose protected health information without your consent or authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We also provide protected health information when otherwise required by law, or for law enforcement purposes, legal proceedings, military activity and national security, to a coroner, funeral director or medical examiner, and when required by the Secretary of the Department of Health and Human Services.

2. Your Rights Regarding your Personal Health Information

Although your health record is the physical property of Insight Memory Care Center that compiled it, the information belongs to you. You have the following rights:

- Right to inspect and copy your medical information. We may charge a fee for copying, mailing and the use of supplies associated with your request, and may provide information in a summary form. If you are denied access, you may appeal the decision.
- Right to amend information that you think is inaccurate or incomplete. We are not required to agree to this amendment.
- Right to an accounting of disclosures for a period not longer than 6 years from the effective date of the Notice of Privacy Practices.
- Right to request restrictions or limitations on the medical information we use or disclose about you. We are not required to agree to this request.
- Right to request confidential communications be made in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so.
- Right to a paper copy of this notice.
- Right to file a complaint if you believe that your privacy rights have been violated, with IMCC or the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Effective: April 17, 2008