

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**UNDERSTAND YOUR HEALTH RECORD INFORMATION**

This notice describes the practice of The Hopper Group, P.A. (hereinafter "THG") and that of its physician with respect to your protected health information created while you are a patient at THG. THG physician and personnel authorized to have access to your medical chart are subject to this notice. In addition, we create a record of the care and services you receive at THG. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at THG. This notice will tell you about the way in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Your Health Information Rights

Although your health record is the physical property of THG, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, healthcare, operations, and as to disclosures permitted to persons, including family members involved with your care as provided by law. However, we are not required by law to agree to a **requested** restriction.
- Obtain a paper copy of your **health record** as provided by law.
- **Inspect** and request a copy of your health record as provided by law.
- Request that we amend your health record as provided by law. We will notify you if we are unable to **grant** your request to amend your health record.
- Obtain an accounting of disclosures of your health information as provided by law.
- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable request.
- Revoke your authorization to disclose health information except to the extent that action has already been taken.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of this notice to the Practice Administrator at THG.

Our Responsibilities:

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures.
- We reserve the right to change our practices and make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change, we are not required to notify you, but we will have the revised available at your request.
- We will not use or disclose your health information without your written authorization, except as described by this notice.

Examples of Disclosures for Treatment, Payment, Health Care Operation and As Otherwise Allowed by Law

The following categories describe different ways that we use and disclose medication information. For each category we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of these categories.

We will use your health information for treatment. For example: We may disclose information about you to your primary care physician or subsequent health care providers with copies of various reports to assist in treating you.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. This information on or accompanying the bill may include information that may identify you as well as your diagnosis.

Business Associates: There are some services provided to our organization through agreements with business associates. Examples including: copying services, accounting services, computer services, etc. To protect your health information however, we require business associates to appropriately safeguard your information.

Notification: We may use or disclose information to notify a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communications for treatment and health care Operations: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and a service that may be of interest to you. We may leave appointment reminders on your answering machine or voice mail at home or work, or with a person answering the telephone.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disability.

Abuse, neglect, or domestic violence: As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

Judicial administrative and law enforcement purposes: Consistent with applicable law, we may disclose health information about you for judicial, administrative and/or law enforcement purposes. We will disclose medical information about you when required or allowed to do so by federal, state, or local law.

I acknowledge that I have reviewed and accept the THG policy regarding Health Information Practices.