

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

For Your Protection, we are required by law to:

- Make sure that health information that identifies you is kept private;
- Inform you of our legal duties and privacy practices with respect to health information about you and how you can get access to this information.

Our pledge to you regarding your health information:

Mark T. Wheaton, MD, PLLC has always been committed to maintaining the security and confidentiality of the information we receive from you. In complying with certain legal requirements and to provide you with quality care, we create a record of the care and services you receive from us. This notice applies to all of the records of your care generated by this practice. This notice informs you of the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you.

Types of disclosures of health information:

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will apply to you. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. In the process of providing you with quality care, we may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

For Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care.

Additional Uses and Disclosures...*In certain situations, the law permits us to use or disclose your personal health information without your authorization. These situations include:*

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you 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, would only be to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose health information about you for public health activities such as disease control, injury or disability, problems with medications or products, victims of abuse or domestic violence. We will only make this disclosure when required or authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Legal Proceedings. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process.

Law Enforcement. We may release health information if asked to do so by a law enforcement official: For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

Coroners, Health Examiners and Funeral Directors. We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Correctional Institutions. If you are an inmate, we may disclose health information to your correctional facility to help provide your health care or to provide safety to you or others.

Your rights to your health information

Right to Access: You have the right to receive, by written request, a copy of your personal health information that may be used to make decisions about your care. Usually, this includes health and billing records. We have the right to deny your request to inspect and copy in certain very limited circumstances. For example, if your doctor determines that your records are sensitive, we may not give you access to your records.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the record. To request an amendment to your records, your request must be made in writing. Mark T. Wheaton, M.D. PLLC will not amend records in the following situations:

- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- The information is not part of the health information kept by or for our practice;
- Mark T. Wheaton, MD PLLC has determined that the record is accurate and complete.
- The records have been compiled in anticipation of a civil, criminal or administrative proceeding.

In the above cases, we will notify you in writing of our denial of your amendment request. You have a right to file a written appeal with us and we have the right to rebut that written appeal. Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures. You have the right to request (in writing) a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. We will mail you a list of disclosures in paper form within 30 days of your request

Right to Request Restrictions. You have the right to request (in writing) a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In your written request, you must tell us what information you want to limit and to whom you want the limits to apply; for example, use of any information by a specified employee of our office, or disclosure of specified procedure to your spouse.

Right to Request Confidential Communications. You have the right to request (in writing) that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from Brodie Hackney, Office Manager. You may also obtain a copy of this notice either from our website, www.wheatons.com, or by requesting a copy of this notice be sent through electronic mail from DrMark@Wheatons.com.

Changes to this notice

Although Mark T. Wheaton, MD PLLC follows the privacy practices described in this notice, you should know that under certain circumstances these practices could change in the future. For example, if privacy laws change, we will change our practices to comply with the law. Should this occur the new notice will be posted within our facility and new copies will be available for your review. The changes will apply to all personal information we have in our possession, including any information created or received before we change the notice.

If you believe your privacy rights have been violated

If you believe your privacy rights have been violated please file a complaint with us.

- You may contact Brodie Hackney our privacy officer in person or at (952) 593-0500.
- You may also contact the Secretary of the Department of Health and Human Services by sending a complaint

Medical Privacy Complaint Division
Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Please be assured that you will not be penalized for filing a complaint.

Other Uses of This Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Acknowledgement of Receipt of this Notice

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name and date. This acknowledgement will be filed with your records.

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from Mark T. Wheaton, M.D. PLLC. (Lakeside Sports & Pain Clinic) on ____ / ____ / ____

In lieu of patient signature, I, _____, a staff member of Mark T. Wheaton, M.D. PLLC, state that _____ has been given our current Notice of Privacy Practices on ____ / ____ / ____