



## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you 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 Officer:

A. Willow Cooper [willowc@sungatemedicalgroup.com](mailto:willowc@sungatemedicalgroup.com)

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 (PHI). Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services.

We are required to abide by the terms of the 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. Upon your request we will provide you with any revised Notice of Privacy Practices by calling our office and requesting that a revised copy be mailed to you or asking for one at the time of your next visit.

### PROTECTED HEALTH INFORMATION USE AND DISCLOSURES:

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purposes of providing health care services to you. Your protected health information may also be used and disclosed to payers of your health care bills and to support the operation of our practice.

The following are examples of the types of use and disclosures of your protected health care information that our office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of use and disclosure that may be made by our to office.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes coordination or management of your healthcare with a third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. We may also call you by name in the reception room when your students that see patients at our office. We may also call you by name in the reception room when your physician is ready to see you. We may use your PHI, as necessary, to contact you to remind you of your appointment.

We may use or disclose your PHI in the following situations without your authorization. These situations would be as Required by Law. For example, Public Health Issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Workers' Compensation and other situations not listed above but required by law.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization.