

VIRTUE MEDICINE P.C.

Clinics for Mind-Body Health



Studio for Ethics & Contemplative Arts

NOTICE OF PRIVACY PRACTICES (updated August 12, 2015)

This notice describes how medical information about you may be used and disclosed, as well as privacy practices in our office. **Please review it carefully.** If you have any questions about our Privacy Practices, contact our office administrator.

We are required by our professional standards to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding your health information
- Follow the terms of the notice currently in effect.

We will not disclose patient health information to anyone but the patient who is being treated or has been treated, or to his/her legally empowered representative unless we have written permission, **except** in medical emergencies at the provider's discretion (urgent need to know), or when required to do so by international, federal, state or local law, or in response to a legally valid subpoena, or in the following itemized situations (bullet points below). In all of these exceptions to privacy, the patient will be informed and consulted as soon as is reasonable and possible in order to respect and optimize autonomous participation in his/her own health care.

- We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.
- To Avert a Serious Threat to Health or Safety, we may disclose your health information to prevent a serious threat to the health and safety of you, another person, or the public. Such disclosures would be made only to an authority empowered to prevent the threat.
- Military and Veterans: If you are a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military we may release your health information to the foreign military command authority.
- Worker's Compensation: We may release your health information for worker's compensation programs that provide benefits for work-related injuries or illness.
- We may use your health information in reporting births or deaths, child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications. We will make such disclosures only when you agree or when required or authorized to do so by law. For example, we may disclose your health information to a health oversight agency to include investigations, inspections, and professional licensure.
- 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, response to a subpoena, discovery request, or other lawful process by you or someone else involved in the dispute.
- Law Enforcement: We may release your health information if requested by a law enforcement official if:
1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime; 4) the information is about a death that may be the result of criminal conduct; 5) the information is relevant to criminal conduct on our premises; or 6) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

- Coroners, Medical Examiners, and Funeral Directors: We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.
- National Security and Intelligence Activities: We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.
- Inmates or Individuals in Custody: If you are an inmate of a correctional institution or in custody we may disclose your information: 1) for the institution to provide you with health care, 2) to protect your health and safety or that of others, or 3) for the safety and security of the institution.

If there is a known breach or possible breach of your private health information that is not covered by the circumstances as detailed above, you will be notified as soon as possible by written letter, including details of how the breach did or may have occurred, what private health information may have been compromised, and steps the office is taking to mitigate the breach and improve protection of patient privacy.

We will not disclose diagnosis and treatment information to the patient's insurance company, health payer, or other third party without your direction, and only as consistent with our status as non-participating or opted-out providers. We will provide information to complete insurance reimbursement forms directly to you, at your request, if you wish to request reimbursement from your payer.

We will not disclose or release your private health information as part of marketing, sales, or fundraising.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- Right to Inspect and Copy. You have the right to inspect and receive copies of your medical records by written request. They are stored as hard copies in this office. You may request either hard copies or copies burned on to a CD.
- Right to Amend. You have the right to request an amendment to your records by written request.
- Right to Request Restrictions. You have the right to request restriction or limitation on your health information used for treatment, payment or health care operations. You may ask by written request for specific limits on disclosure to someone involved in your care or in payment for your care.
- Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you only by mail or at work. Your written request must specify how or where you wish to be contacted. We will accommodate reasonable requests. Email or SMS text communication may be a less secure form of communication, and will only be used with express permission from the patient or to respond to a patient's first email or SMS text query, which if received, will be considered consent to use the same communication format for limited communication, and at the discretion of the provider.

CHANGES TO THIS NOTICE

We may change or update this notice and make it effective for medical information we already have about you as well as new information.

The current notice will be available at all times in the office or on the practice website. You have a right to request a paper copy of the current notice at any visit or by written request.

Virtue Medicine P.C. 221 E. College St. Ste 212, Iowa City, Iowa 52240
www.VirtueMedicine.com

