

NOTICE OF PRIVACY PRACTICES

I am required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes my health information privacy practices. A copy of my current notice will always be available in our reception area. You will also be able to obtain your own copies by accessing my website at www.drpeterknight.com or asking for one at the time of your next visit.

WHO WILL FOLLOW THIS NOTICE?

The privacy practices described in this notice will be followed by:

- Any health care professional who treats you at my location;
- Any business associates of my practice

WHAT HEALTH INFORMATION IS PROTECTED

I am committed to protecting the privacy of information I gather about you while providing health-related services. Some examples of protected health information are:

- information indicating that you are a patient of Dr. Knight's or receiving treatment or other health-related services from his office;
- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future (such as an operation); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered);

when combined with:

- demographic information (such as your name, address, or insurance status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and
- other types of information that may identify who you are.

HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. Treatment, Payment And Business Operations

I may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run our business operations. In some cases, I may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed for these purposes.

Treatment. I may share your health information with another practitioner to determine how to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care.

Business Operations. I may use your health information or share it with others in order to conduct our business operations. I may share your health information with other health care providers and payers for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

Business Associates. I may disclose your health information to contractors, agents and other business associates who need the information in order to assist me with obtaining payment or carrying out our business operations. For example, I may share your health information with an accounting firm, law firm or risk management organization that provides professional advice to me about how to improve my health care services and comply with the law. If I do disclose your health information to a business associate, I will have a written contract to ensure that our business associate also protects the privacy of your health information.

2. Public Need

I may use your health information, and share it with others, to comply with the law or to meet important public needs that are described below.

As Required By Law. I may use or disclose your health information if I am required by law to do so. I also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. I may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. I may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits me to do so. And finally, I may release some health information about you to your employer if your employer hires us to provide you with a physical exam and I discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims Of Abuse, Neglect Or Domestic Violence. I may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. I will make every effort to obtain your permission before releasing this information, but in some cases I may be required or authorized to act without your permission.

Health Oversight Activities. I may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair And Recall. I may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

Lawsuits And Disputes. I may disclose your health information if I am ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. I may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that I am required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and I determine that: (1) I have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in my professional judgment disclosure to these officers is in your best interests;
- If I suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on my property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert A Serious And Imminent Threat To Health Or Safety. I may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, I will only share your information with someone able to help prevent the threat. I may also disclose your health information to law enforcement officers if you tell me that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if I determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security And Intelligence Activities Or Protective Services. I may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military And Veterans. If you are in the Armed Forces, I may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. I may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. I may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Research. In most cases, I will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, I may use and disclose your health information without your written authorization if I obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would I allow researchers to use your name or identity publicly.

3. Completely De-identified Or Partially De-identified Information.

I may use and disclose your health information if I have removed any information that has the potential to identify you so that the health information is "completely de-identified." I may also use and disclose "partially de-identified" health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

4. Incidental Disclosures

While I will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

I want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information I have about you is accurate and will also help you control the way I use your information and share it with others.

1. Right To Inspect And Copy Records

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as I maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other supplies I use to fulfill your request.

I will respond to your request for inspection of records as quickly as I am able. Under certain very limited circumstances, I may deny your request to inspect or obtain a copy of your information. If I do, I will provide you with a summary of the information instead. I will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights.

2. Right To Amend Records

If you believe that the health information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept in our records. Requests to amend records should be made in writing. Your request should include the reasons why you think I should make the amendment. If I deny part or all of your request, I will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.

3. Right To An Accounting Of Disclosures

You have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom I have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices.

4. Right To Request Additional Privacy Protections

You have the right to request that I further restrict the way I use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that I limit how I disclose information about you to family or friends involved in your care. Requests for additional privacy protections should be made in writing and include (1) what information you want to limit; (2) whether you want to limit how I use the information, how I share it with others, or both; and (3) to whom you want the limits to apply. Please be aware that I am not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law.

5. Right To Request Confidential Communications

You have the right to request that I communicate with you about your medical matters in a more confidential way by requesting that I communicate with you by alternative means or at alternative locations.

7. Breach Notification

I am required to have safeguards in place that protect your health information. In the event that there is a breach of those protections, I will notify you, the U.S. Department of Health and Human Services and others, as the law requires.