



NOTICE OF PRIVACY PRACTICE

Understanding Your Health Record/Information

Each time you visit Missouri Vein Care, a record of your visit is made. Typically, this record contains your symptoms, examination and ultrasound results, diagnosis, treatment, plan for future treatment, as well as some demographic and insurance information. This information, often referred to as your health or medical record, or "chart", serves as:

- a basis for planning your care and treatment;
- a means of communication among the staff who contribute to your care;
- a legal document describing the care you received;
- a means by which you or a third-party payer can verify that services billed were actually provided;
- a source of data for MVC planning and marketing;
- a tool which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make informed decisions when authorizing disclosures to others.

Uses and Disclosures of your Personal Health Information (PHI)

The following are the circumstances under which we are permitted by law to use or disclose your PHI *without your consent*:

Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination and management of your health care with another provider, other physicians who may be treating you, including a physician who referred you to MVC, to ensure that the physician has the necessary information to diagnose or treat you.

Payment. Your PHI will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include activities that your health insurance plan may require before approving coverage for the care and treatment we recommend for you.

Health Care Operations. We may use or disclose, as needed, your PHI in order to support the business activities of MVC. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, licensing, and conducting or arranging for other business activities.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object:

- Required by law
- Public Health
- Communicable Diseases
- Health Oversight
- Abuse or Neglect
- Food and Drug Administration
- Legal Proceedings
- Law Enforcement
- Criminal Activity
- Workers' Compensation

Uses and Disclosures of PHI That Require Providing You the Opportunity to Agree or Object:

(If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine if the disclosure is in your best interest.)
Unless you object in writing:

- We may utilize telephone voice mail, electronic mail, or the U.S. Postal Service to deliver general information to you, such as appointment reminders, in the event we are unable to reach you by phone.
- We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care.
- We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

Your Rights

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as previously described.

Your rights with respect to your PHI and a brief description of how you may exercise your rights:

- **You have the right to inspect and copy your PHI.** Under federal law, certain records are exempt from this right. A copy fee for your records may apply.
- **You have the right to request a restriction of your PHI.** You may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment, or health care operations, or to family members or friends involved in your care. MVC is not required to agree to a restriction that you request, however, if MVC agrees to your request we are required to abide by the restriction.
- **You have the right to request to receive confidential communication from us by alternative means or at an alternative location.** MVC will accommodate reasonable requests, and may require additional information for payment or contact purposes.
- **You have the right to have Missouri Vein Care amend your PHI.** You may request an amendment of PHI that you feel is inaccurate. MVC will make reasonable efforts to fulfill your request, but may deny the request in certain cases.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**
- **You have the right to obtain a paper copy of the full text Privacy policy from us.** The full text policy includes how you may obtain the necessary request forms to make the mentioned requests in the exercise of your rights.

Complaints

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at (573) 632-2780 or (877) 870-5244 for further information about the complaint process or questions regarding this privacy notice.

