

NOTICE OF PRIVACY PRACTICES: SUMMARY

Elite Primary Care

THIS DOCUMENT SUMMARIZES HOW ELITE PRIMARY CARE (EPC) MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) AND OUTLINES YOUR RIGHTS REGARDING THAT INFORMATION.

We are required by law to maintain the privacy and security of your PHI, provide you with this Notice, and notify you following a breach of your unsecured information. PHI is information about you that may identify you and relates to your past, present, or future physical or mental health conditions or care services.

1. Uses and Disclosures Without Your Specific Authorization

We may use or disclose your PHI without your written permission for the following purposes:

Category	Description
Treatment	To provide, coordinate, and manage your healthcare, including consultation with specialists, laboratories, or other providers involved in your care.
Payment	To bill and collect payment for services provided, which includes verifying insurance eligibility, submitting claims, and performing utilization review activities.
Health Care Operations	To support our business activities, such as quality assessment, improvement, staff training, licensing, legal, and compliance purposes.
Business Associates	We may share PHI with third-party service providers (Business Associates) who perform functions on our behalf (e.g., billing, legal, or data storage). These associates are required by contract to safeguard your PHI.

2. Disclosures Requiring Opportunity to Agree or Object

You have the opportunity to **agree or object** to the following disclosures:

- **Individuals Involved in Your Care or Payment:** We may disclose PHI to a family member, relative, close personal friend, or any other person you identify, if that

information is relevant to their involvement in your care or payment for care.

- **Disaster Relief Efforts:** We may disclose PHI to public or private entities authorized to assist in disaster relief efforts (e.g., Red Cross) for notification purposes.
- **Facility Directory:** If you are admitted to a facility, we may include your name, location, and general condition in a directory, unless you object.

3. Other Permitted Disclosures (Required by Law or Public Interest)

We may disclose your PHI without your authorization when required or permitted by law for specific public benefit or law enforcement purposes:

- **Required by Law**
- **Public Health and Safety** (e.g., preventing disease, reporting product defects, preventing serious threats to health or safety).
- **Health Oversight Activities** (e.g., audits, investigations, inspections by government agencies).
- **Abuse, Neglect, or Domestic Violence** (to appropriate government authorities).
- **Judicial and Administrative Proceedings** (in response to a court order or subpoena).
- **Law Enforcement Purposes** (e.g., identifying suspects, victims of crime, or responding to certain medical emergencies).
- **Coroners, Medical Examiners, and Funeral Directors** (for identification, determining cause of death).
- **Organ, Eye, and Tissue Donation** (to organizations that facilitate donation).
- **Research** (when approved by an Institutional Review Board or Privacy Board).
- **Military and Veterans** (to command authorities for Armed Forces personnel).
- **National Security and Intelligence** (to authorized federal officials).
- **Workers' Compensation** (to comply with legally established programs).
- **Inmates** (to correctional institutions or law enforcement officials under certain conditions).

4. Uses Requiring Your Written Authorization

All other uses and disclosures not described above require your specific written authorization, including:

- Most uses and disclosures for **marketing** purposes.
- Disclosures that constitute the **sale of PHI**.
- Most uses and disclosures of **psychotherapy notes** (if applicable).

You may revoke an authorization in writing at any time, but this will not affect disclosures already made under the authorization.

5. Your Rights Regarding Health Information

You have the following rights concerning your PHI:

1. **Right to Access and Copy:** You have the right to inspect and obtain a copy of your medical and billing records.
2. **Right to Restrict Disclosures:**

- You can ask us to limit how we use or disclose your PHI for treatment, payment, or health care operations. **We are not required to agree to all restrictions.**
- **Mandatory Restriction for Self-Pay:** You have the right to restrict disclosure of your PHI to your health plan (insurer) if you pay for the service **completely out-of-pocket (in full)** at the time of service. **We are required to agree to this specific restriction.**

3. **Right to Confidential Communications:** You can request to receive communications from us by alternative means or at an alternative location (e.g., receiving appointment reminders at a work email).
4. **Right to Amend:** You have the right to request an amendment to your information if you believe it is inaccurate or incomplete.
5. **Right to an Accounting of Disclosures:** You have the right to receive a list of certain disclosures we have made of your PHI, excluding those for treatment, payment, or operations.
6. **Right to Notification of a Breach:** You have the right to be notified following a breach of your unsecured protected health information.
7. **Right to a Paper Copy:** You have the right to request and receive a paper copy of this Notice at any time.

6. Complaints and Contact Information

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Patient Acknowledgment

I acknowledge and affirm that I am presenting myself to Elite Primary Care for medical treatment and services **voluntarily and by my own choice.**

I acknowledge that I have received and read the HIPAA Notice of Privacy Practices for Elite Primary Care.

Patient Name:

Signature:

Date: