

## 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.**

### Safeguarding Your Protected Health Information

Hollis Seunarine, M.D., P.A., doing business as Jai Medical Center, is committed to protecting your health information. This notice describes our practice and those of all employees, staff, volunteers, and any other personnel or physicians employed by us. When this Notice refers to “we,” “us,” or “our,” it is referring to Jai Medical Center and each of the persons listed above.

In order to provide services to you, we will ask for certain health information. This health information will be put into your medical record. Your health information may contain your symptoms, examination and test results, diagnoses, and treatment. We need this information to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or received by us.

Your health information may be used for a variety of purposes and is regulated by law. We are required to maintain the privacy of your medical information, to give you this Notice of our legal duties and privacy practices with respect to your medical information, and to follow the privacy practices described in this Notice. However, we reserve the right to change our privacy practices and the terms of this Notice at any time and to make the new provisions effective for all health information we have about you and any information we receive in the future. You may request a copy of the current Notice from us at any time. We will post a copy of the current Notice in our office and on our website. The notice will contain the effective date on the last page.

### How We May Use and Disclose Your Protected Health Information

We will only use your health information to do our jobs. For uses and disclosure beyond what we normally do (as described in this Notice), we must have your written authorization unless the law permits or requires otherwise. Many uses of psychotherapy notes, certain uses and disclosures of your health information for marketing purposes, and any sale of your medical information require your authorization. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization. (You also cannot revoke an authorization that was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself.) The following are some examples of our possible uses and disclosures of your health information:

#### ➤ Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

- **For Treatment:** We will use medical information about you to provide you with medical treatment or services. For example, we may disclose medical information about you to our doctors, nurses, or technicians, to a hospital, or to others involved in taking care of you, such as a physician to whom you have been referred to ensure that he or she has the necessary information to diagnose or treat you or to a home health agency that provides care to you.
- **To Obtain Payment:** We will use and disclose medical information about you so that the treatment and services that you receive from us may be billed to and payment may be collected from you, an insurance company, a governmental entity such as Medicare or Medicaid, or a third party. For example, we may need to give your health plan information about treatment that you received from us so your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment that you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may have to send your information to more than one health plan in circumstances where it is not clear which of two or more health plans has the responsibility to make payment for your care.
- **For Health Care Operations:** We will use and disclose medical information about you for our operations. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We also may disclose information to doctors, nurses, technicians, and other personnel in our group for review and learning purposes. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We also may call you by name in the waiting room when your physician is ready to see you.

➤ **Other Uses and Disclosures of Health Information Required or Allowed by Law:**

- **Business Associates:** We may disclose health information to those with whom we contract to provide certain services (called business associates) so that they may perform the job we have asked them to do. We require business associates to appropriately safeguard your information.
- **Required by Law:** We may disclose health information when the law requires us to do so.
- **Public Health Activities:** We may disclose health information for certain public health activities, including when we are required to collect or report information about disease or injury or to report vital statistics to public health authorities.
- **Health Oversight Activities:** We may disclose your health information to health oversight agencies for oversight activities required by law, including audits, inspections, investigations, and licensure actions.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donations:** We may disclose health information relating to a death to coroners, medical examiners, or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.
- **Research Purposes:** In certain circumstances, and under supervision of a designated privacy board, we may disclose health information to assist medical research.
- **Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, we may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Abuse and Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence.
- **Specific Government Functions:** We may disclose health information for certain specialized government functions, including those relating to military personnel and veterans, correctional institutions, national security, and protection of the President.
- **Families, Friends, or Others Involved in Your Care:** We may share your health information with certain people, including family members, friends, and other identified individuals, as it is directly related to their involvement in your care or payment of your care. We also may share health information with certain people, including family members, personal representatives, and entities assisting in disaster relief efforts, to notify them about your location, general condition, or death. Except in emergencies, you have the opportunity to object to these uses and disclosures.
- **Worker's Compensation:** We may disclose health information to worker's compensation (or similar) programs that provide benefits for work-related injuries or illnesses without regard to fault as permitted by law.
- **Patient Directories:** We do not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.
- **Lawsuits, Disputes, and Claims:** If you are involved in a lawsuit, a dispute, or a claim, we may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose your health information to a law enforcement official for certain law enforcement purposes, including when required by law or when asked.

**You Have a Right To:**

- **Request Restrictions:** You have a right to request a restriction or limitation on the health information that we use or disclose about you for certain purposes. Except as expressly stated below, we will accommodate your request, if possible, but are not legally required to agree to it. If we agree to a restriction, we will follow the requested restrictions except in emergency situations. We must agree to your request to restrict disclosures of your health information to a health plan, but only if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and (2) the health information relates only to the health care item or service for which you (or someone other than the health plan on your behalf) has paid out of pocket in full. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. A request to restrict information to a health plan must specify the plan as well as the information that you wish to restrict.
- **Request Confidential Communications:** You have the right to ask us to send your information to another address or by another method. We must agree to your request as long as it is reasonably easy for us to do so.
- **Inspect and Copy:** With certain exceptions, you have a right to see and copy your health information upon your written request in a timely manner. You may request an electronic copy of your health information that we maintain in electronic designated record sets, and we will provide access in the electronic form and format requested if it is readily reproducible in that format. If not, we will discuss the issue with you and provide a copy in a mutually agreed upon readable electronic form and format, depending on the information and our capabilities at the time. You also may request that we send your information directly to a person you designate if your request is in writing, is signed, and clearly identifies the designated person and an address to send the requested information. If you want copies of your health information (or agree to a summary or explanation of the information), you may be charged a fee for the cost of

labor for copying the information (in paper or electronic form), supplies for creating the paper copy or electronic media (if you request that the electronic copy be provided on portable media), postage (if you request that the copy, summary, or explanation be mailed) and preparing an explanation or summary of the information (if you agree). You have a right to choose what portions of your information you want copied and to have prior information on the cost. We may deny your request to inspect and copy your information in certain limited circumstances. If the denial is subject to review, you can request that the denial be reviewed. A licensed health care professional that we choose (who was not directly involved in the denial) will review your request and the denial. We will comply with the outcome of the review.

- **Request Amendment:** You may request in writing that we correct or add information to your health record if you provide a reason for the request. We may deny the request if it is not in writing or does not include a supporting reason, or if we determine that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. In the event of a denial, you may submit a written statement of disagreement. We will distribute your statement (or an accurate summary) with future disclosures of the information to which it relates. If we approve the request for amendment, we will change the health information and inform you, and may tell others that need to know about the change in the health information.
- **Accounting of Disclosures:** You have a right to request a list of the disclosures made of your health information after April 14, 2003 for a period of up to 6 years from the date of the request. Some exceptions include disclosures of information (1) for treatment, payment, and operations purposes, (2) made to you, (3) based on your written authorization, (4) for national security, or (5) to law enforcement officials or correctional facilities with lawful custody of you at the time of the disclosure. There will be no charge for the first request made in each 12 month period. We may charge a reasonable, cost-based fee for extra requests.
- **Notice:** You have the right to receive a paper copy of this Notice [and/or an electronic copy by email] upon request.
- **Breach:** You have the right to receive notice of breaches of your health information, which we will send to our last known address for you.

#### **For More Information**

If you have questions and would like more information, you may contact the Privacy Officer at 410-433-2200.

#### **To Report a Problem About Our Privacy Practices**

If you believe your privacy rights have been violated, you may file a complaint.

1. You can file a complaint with our Privacy Officer by calling 410-433-2200.
2. You can file a complaint with the Secretary of the U. S. Department of Health and Human Services, Office of Civil Rights. You may call our Privacy Officer for this contact information.

*We will take no retaliatory action against you if you make such complaints.*