

NOTICE OF PRIVACY PRACTICES

Your Information.

Your Rights.

This notice describes how medical information about you may be used and disclosed

Our Responsibilities.

and how you can get access to this information. **Please review it carefully.**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

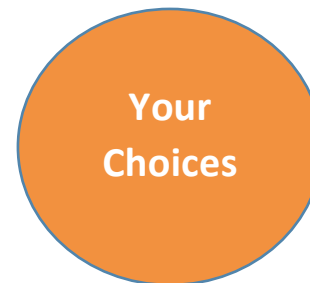
See page 49 for more information on these rights and how to exercise them.



You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a resident directory
- Provide mental health care
- Market our services and sell your information
- Fundraising

See page 50 for more information on these choices and how to exercise them.



We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

See pages 50 and 51 for more information on these uses and disclosures.



When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities.



**Your
Rights**

Get an electronic or paper copy of your medical record.	You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
	We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record.	You may ask us to correct health information about you that you think may be incorrect or incomplete. Ask us how to do this.
	We may say no to your request, but we'll tell you why in writing within 60 days.
Request confidential communications.	You may ask us to contact you in a specific way (<i>For example: Specify home or office phone, or to send mail to a different address</i>).
	We will say yes to all reasonable requests.
Ask us to limit what we use or share.	You may ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
	If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share the information.
Get a list of those with whom we've shared information.	You may ask for a list (accounting) of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with and why.
	We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one (1) accounting a year for free, but will charge a reasonable, cost-based fee if you ask for a second (2 nd) within twelve (12) months.
Get a copy of this privacy notice.	You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.
Choose someone to act for you.	If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.
	We will make sure that person has the authority and can act for you before we take any action.
File a complaint if you feel your rights have been violated.	You may complain if you feel we have violated your rights by contacting us using the information on page 1.
	You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201; or by calling 1-877-696-6775; or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ .
	We will not retaliate against you for filing a complaint.

For certain health information, you may tell us your choices about what we share.

If you have a clear preference for how we share your information in the Situations described below, talk to us. Tell us what you want us to do, and we will do our best to follow your instructions.




**Your
Choices**

In these cases, you have both the right and choice to tell us to:	Share information with your family, close friends or others involved in your care
	Share information in a disaster relief situation
	Include your information in a resident directory
<i>If you are not able to tell us your preference: For example: If you are unconscious. We may go ahead and share your information, if we believe it is in your best interest. We may also share your information, when needed, to lessen a serious and imminent threat to health or safety.</i>	
In these cases, we never share your information unless you give us written permission:	Marketing purposes
	Sale of your information
	Most sharing of psychotherapy notes
In the case of fundraising:	We may contact you for fundraising efforts, but you may tell us not to contact you again.

Stonerise Healthcare does not create or manage a hospital directory. Psychotherapy notes are not created or maintained by Stonerise Healthcare.

How do we typically use or share your health information?

We typically use or share your health information in the following ways:



**Our Uses
and
Disclosures**


Treat you:	We can use your health information and share it with other professionals who are treating you.	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
Run our organization:	We can use and share your health information to run our organization, improve your care, and contact you when necessary.	<i>Example: We use your health information to manage your treatment and services.</i>
Bill for services:	We can use and share your health information to bill and get payment from health plans or other entities.	<i>Example: We give your information to your health insurance plan so it will pay for your services.</i>

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many requirements of the law before we can share your information for these purposes. For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues.	We can share your health information for certain situations including: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do research.	We can use or share your information for health research.
Comply with the law.	We will share your information if state or federal laws require it, including the Department of Health and Human Services.
Respond to organ and tissue donation requests.	We can share your health information with organ procurement organizations.
Work with a medical examiner or funeral director.	We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests.	We can use or share your health information: <ul style="list-style-type: none"> • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security and presidential protective services.
Respond to lawsuits and legal actions.	We can share your health information in response to a court or administrative order, or in response to a subpoena.

	We are required, by law, to maintain the privacy and security of your protected health information.
	We will let you know promptly, if a breach occurs that may have compromised the privacy or security of your protected health information.
	We must follow the duties and privacy practices described in this notice and give you a copy.

We will not use or share your information, other than described above, unless you give us written permission. After giving written permission, you may change your mind at any time, but must do so in writing.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all your information. The new notice will be available upon request, in our office or on our web site, if applicable.

For more information, please contact our Compliance Hotline at 1-877-655-1257.