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NOTICE OF PRIVACY PRACTICES*

WE CARE ABOUT YOUR PRIVACY

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your personal health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Personal Health Information" is information about you including demographic information, that may identify you and that related to your past, present or future physical or mental health and related health care services.

USE AND DISCLOSURE OF YOUR PHI

Your personal health information may be used and disclosed by your physician, or office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and other use required by law.

FOR TREATMENT: We may use and disclose health information about you to provide, coordinate, or manage your health care and related services. This includes that coordination or management of your health care with a third party. For example, we may disclose your health information, as necessary, to a home health agency that provides care to you. For example, your health information may be provided to a physician to who you have been referred to ensure that physician has the necessary information to diagnose or treat you.

FOR PAYMENT: Your health information may be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that relevant information about you be disclosed to the health plan to obtain approval of the hospital admission.

FOR HEALTH CARE OPERATIONS: We may use or disclose your health information for the operation of our health care practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your health information to medical school students that see patients at our office. 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 may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your health information, as necessary, to contact you to remind you of your appointment.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose your medical information for the following purposes: Facility Directory, Disaster Relief, Fund-raising, Research in Limited Circumstances, Organ and Tissue Donation, to Funeral Directors, Coroners, Medical Examiners, Specialized Government Functions, Court Orders, Judicial and Administrative Proceedings, Public Health Activities, For Victim Abuse, Neglect or Domestic Violence, Workers Compensator, Health Oversight Activities and Law Enforcement. As required by Law, we will disclose health information about you when required to do so by federal, state or local law. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided to you.

YOUR INDIVIDUAL RIGHTS

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of or use in a criminal, or administrative action or proceeding, and protected health information that is subject to the law that prohibits access to protected health information.

You have the right to request a restriction of your health information, this means you may ask us not to use or disclose any part of your health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your health information, your health information will not be restricted. You then have the right to use another health care professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us upon request.

You have the right to have your physician amend your health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

QUESTIONS AND COMPLAINTS

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to your PHI. If you have any objections to this form, please ask to speak to our Privacy Officer.

You may complain to us or to the Secretary of Department 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 contact of your complaint. We will not retaliate in anyway for filing a complaint.

*These privacy practices are currently in effect and will remain in effect until further notice.