

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
Privacy Notification

In accordance with HIPAA regulations, Advanced Vein & Vascular Center, Inc. has adopted the following policies and procedures to protect the privacy of the health information received and maintained on behalf of its patients. Protected Health Information (PHI) includes any information that may identify the patient in a manner that relates to the patient's past, present or future physical or mental health condition, to healthcare services provided to the patient or to payment for health care services provided to the patient.

This Privacy Notification describes the policies and practices for collecting, handling and protecting health information of a patient, participating in care with the Advanced Vein & Vascular Center, Inc. We are required by law to give all patients notification about our privacy practices, our legal duties and the patient's rights concerning their health information. This Notification describes how we may use and disclose a patient's health information in the course of treatment, payment or health care operations and for other lawful purposes.

Advanced Vein & Vascular Center, Inc. recognizes our patient's rights to privacy. In achieving this goal the company adopts these basic principles:

- The collection of patient information will be limited to information that is required for the company's clinical, business and legal operational needs.
- The confidentiality of all personal information maintained in our company records will be protected.
- All company employees involved in recordkeeping or transmittal of, any patient information will be required to adhere to company privacy policies and practices. Violations of these policies will result in corrective action.
- Internal access to patient records will be limited to those employees having an authorized business-related or clinically related need to know basis. Access may also be given to third parties pursuant to federal and state laws.
- The company will refuse to release patient health information to outside sources without the patient's written approval, unless legally required to do so.
- Patients are permitted to see their patient information maintained by the company. They may submit written comments in disagreement with any material retained as company record, with the exception of information that would contradict the findings of physician.

In addition to our basic principles, Advanced Vein & Vascular Center, Inc. may use and/or disclose patient Protected Health Information (PHI) for the following purposes without prior authorization from the individual:

- We may use and disclose the patient's PHI as necessary for treatment.
- We may use and disclose the patient's PHI as necessary for payment purposes.
- We may disclose PHI to the patient's health insurance carrier for the purpose of preauthorizing, pre-certifying, or pre-determining course of treatment and benefits and eligibility.
- We may use or disclose PHI for any purpose, to the extent that such use or disclosure is required by law.

All patients participating in care at the Advanced Vein & Vascular Center, Inc. are entitled to:

- Receive a copy of Advanced Vein & Vascular Center, Inc. HIPAA Policy.
- The right to request restrictions on certain uses or disclosures of PHI. All requests for restrictions must be submitted in writing to Martha Stephens or her designee.
- The right to request an amendment of the PHI maintained about the patient. All requests for amendment must be made in writing and state the reasons for the amendment or correction request.
- You may obtain further information regarding HIPAA regulations from Martha Stephens or her designee.
- Please sign our financial policy stating you have received this statement.