

HIPAA Notice of Privacy Practices

No Need to Print, or Do not Print

This notice describes how medical information about you may be used or disclosed and how you can obtain access to this information. Please review this carefully.

About This Notice

We are required by law to maintain the privacy of Protected Health Information (PHI) and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your PHI, and this Notice also explains your rights and our obligations.

We are required to abide by the terms of this Notice currently in effect.

What is Protected Health Information (PHI)?

Protected Health Information (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or a health care clearinghouse and that relates to

- (1) Your past, present, or future physical or mental health or conditions,
- (2) The provision of health care to you, or
- (3) The past, present, or future payment for your health care.

How We May Use and Disclose Your PHI

• **For Treatment.** We may use PHI to give you medical treatment or services and to manage and/or coordinate your medical care. We may disclose PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you, including people outside our practice, such as referring or specialist physicians, hospitals participating in your treatment, pharmacists filling a prescription or family involved in your care.

• **For Payment.** We may use and disclose PHI so that we can bill for the treatment and services you get from us and can collect payment from you, an insurance company, or another third party. We may need to give your health plan information about your treatment in order for your health plan to provide coverage information and/or authorization for payment for the treatment. If a bill is overdue we may need to give PHI to a collection agency to the extent necessary to help collect the bill, and we may disclose an outstanding debt to credit reporting agencies.

• **For Health Care Operations.** We may use and disclose PHI for our health care operations. We may use PHI for our general business administration activities checking on the performance of our staff in caring for you, our quality management initiatives, for audits, for reminder calls for your appointment(s), to provide health education opportunities to you, or to get legal services. We may give PHI to other health care entities for their health care operations, for example, to your health insurer for its quality review purposes.

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• **Minors/ Personal Representative.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your PHI.

• **Law Enforcement, Workers' Compensation, Other Government Requests.**

We may disclose PHI in the following circumstances:

- For workers' compensation and other similar programs;
- If you are an inmate or under the custody of a law enforcement office, to correctional institutions or to law enforcement officials;
- To a law enforcement official
 1. In response to a court order, subpoena, warrant, summons or other lawful process;
 2. About the victim of a crime about a death we believe may be the result of criminal conduct;
 3. Criminal conduct on our premises; and
 4. In emergency situations to report a crime.
- To authorized agencies for health oversight activities, including audits, investigations, licensure, and other similar activities; and
- For special government functions such as military, national security, and presidential protective services.

• **Business Associates.** We may disclose PHI to our business associates who Perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI.

• **Public Health and Safety.** We may disclose PHI in the following circumstances

- To avert a serious threat to health or safety to you or others;
- To public health authorities charged with preventing and controlling disease;
- To report suspected abuse or neglect;
- If you are an organ or tissue donor, to organizations that handle procurement or transplantation; and
- To a coroner, medical examiner, or funeral director when an individual dies.

• **Military and Veterans.** If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

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- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves if you sue us.

- **As Required by Law.** We will disclose PHI about you when required to do so by international, federal, state, or local law.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to and opt out of such a disclosure whenever we practicably can do so.

- **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Your Written Authorization is required for Other Uses and Disclosures

Uses and disclosures for marketing purposes and disclosures that constitute a sale of PHI can only be made with your written authorization. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. Disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and Substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of PHI. Please check with our Privacy Officer for information about the special protections that do apply. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

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You're Rights Regarding Your PHI

You have the following rights, subject to certain limitations, regarding your PHI:

- **Right to Inspect and Copy.** You have the right to inspect and/or receive a copy of PHI that may be used to make decisions about your care or payment for your care. But you do not have a right to inspect or copy psychotherapy notes. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in certain limited circumstances.
- **Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in one or more designated record sets electronically (for example an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with copying or transmitting the electronic PHI. If you chose to have your PHI transmitted electronically, you will need to provide a written request to **this office listing the contact information of the individual or entity who should receive your electronic PHI.**
- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by email), of any breach of your Unsecured PHI.
- **Right to Request Amendments.** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the bottom of this Notice and it must tell us the reason for your request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect and copy, or (4) in our opinion, is accurate and complete. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.
- **Right to an Accounting of Disclosures.** You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your PHI. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations purposes, (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing to our Privacy Officer. Your request must state a time period which may not be longer than 6 years before your request. Your request should indicate in what form you would like the accounting (for example, on paper or by e-mail). The first accounting of disclosures you request within

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any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

• **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

• **Right to Restrict Certain Disclosures to Your Health Plan.** You have the right to restrict certain disclosures of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full. We will honor this request unless we are otherwise required by law to disclose this information. This request must be made at the time of service.

• **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a special address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

• **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You can get a copy of this Notice at our website: lavistahealthcare.in

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the bottom of this Notice. We may ask you to fill out a form that we will supply. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail.

Changes to This Notice

The effective date of the Notice is stated at the bottom of this Notice. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

Complaints

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If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:

Ph: **08588005544**

Email: lavistacure@gmail.com

Address: **F-17, First Floor THE HIVE,
Sector 102, Dwarka Expressway, Gurgaon**

Note: **No Need to Print, or Do not Print** (*Save Paper, Save Trees, save the world*)