

**David Gilboe and Associates, Inc**

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how we may use and disclose your protected health information 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 protected health information. Protected health information is any information that may identify you and that relates to your past, present, or future physical condition and related health care services. By law, we are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. Upon your request, we will provide you with any revisions of our privacy practices.

Uses and Disclosures of Protected Health Information

**Treatment:** This will include disclosure of your protected health information, not only to David Gilboe and Associates Inc, but to others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. This includes your referring physician.

**Payment:** Your protected health information will be used, as needed, obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake, before it approves or pays for the health care services such as making determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, approval for treatment may require that your relevant protection health information be disclosed to the health plan to obtain approval to provide treatment.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business of David Gilboe and Associates, Inc. These activities include, but are not limited to, quality assurance and assessment, employee review activities, training of medical students. For example, we may disclose your protected health information to students that treat patients in our office under the supervision of a licensed therapist on our staff. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your therapist is ready to see you. We may share your protected health information with a third party business associates that perform various activities such as billing or transcription services for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your information.

**Emergencies:** We may use or disclose your protected information in an emergency situation, if under such circumstances you are unable to communicate. In the event this occurs, David Gilboe and Associates, Inc. shall try to obtain your consent as soon as reasonably practicable.

**Required by Law:** We may use or disclose your protected health information to the extent that law requires the use of disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding; in response to an order of a court to the extent such disclosure is expressly authorized in certain conditions in response to subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose protected health information, so long as applicable legal requirements are met for law enforcement purposes. These law enforcement purposes include: legal processes required by law, limited information requests for identification and location purposes pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of this practice, and a medical emergency if it is likely that a crime has occurred.

We may disclose protected health information if we believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the law (section 164.500 et. Seq.)

#### Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization. You may revoke this authorization, at any time, in writing except to the extent that David Gilboe and Associates, Inc. has taken an action in reliance on the use or disclosure indicated in your authorization prior to this date.

You may choose to authorize release of your protected health information to another party, such as another physician whose care you are under, a member of your immediate family, other relatives, a close friend or any other person or entity you designate. You may also request a copy of any or all of your protected health information for your own purposes. You do not have to disclose the reason for any of this request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate you for filing a complaint.

You may reach our Privacy Contact, Stacie Zito, at (586) 779-8892 for further information about the complaint process. You may also reach The Secretary of Health and Human Services or Office for Civil Rights at 1-877-696-6775 or by writing to the following address: 200 Independence Avenue S.W., Washington, D.C. 20201.

This notice becomes effective April 13, 2003.

