

## NOTICE OF PRIVACY RIGHTS (HIPPA)

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Name of Agency: **Med A Quest, LLC**

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

1. Below is a description, including at least one (1) example, of the types of uses and disclosures that the above Agency is permitted to make for each of the following purposes: treatment, payment and health care operations.

Disclosures to other health care providers including the patients' attending physicians. Submission of claims and supporting documentation including organizations responsible to pay for services provided by the Agency. Disclosures to conduct the operations of the Agency including sharing information with supervisors and staff members who provide care to patients.

2. Below is a description of other purposes for which the Agency is permitted or required to use or disclose protected health information without the individual's written consent or authorization.

To patients by agreement, to the Secretary of the U.S. Department of Health and Human Services as required by law, for public health activities, information about victims of abuse, neglect or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement proceedings, about decedents, cadaveric organ, eye or tissue donation, research purposes, to avert a serious threat to health or safety, specific government functions, business associates of the Agency, personal representatives of the patient, workforce members who are victims of crimes, workers' compensation programs, and for disaster relief purposes.

3. Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, will be made only with the individual's written authorization. The individual has the right to revoke such authorization.
4. The organization may contact the individual to schedule visits and for other coordination of care activities.
5. The individual has the right to receive confidential communications of protected health information, the right to inspect and copy protected health information, the right to amend protected health information, the right to receive an accounting of disclosures of protected health information and the right to obtain a paper copy of this Notice from the organization upon request.
6. The organization is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.
7. The organization is required to abide by the terms of this Notice currently in effect.
8. The organization reserves the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that it maintains. Individuals may obtain a revised copy of this Notice upon request.
9. Individuals may complain to the organization and to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints should be directed to Kerrie Kelly at the Agency at 609-646-0388: Individuals will not be retaliated against for filing a complaint.
10. For further information, individuals should contact Kerrie Kelly at the Agency at 609-646-0388.
11. This Notice is in effect as of 1-1-2017



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