
The Institute of Professional Practice, Inc.* Persons Served
Notice of Privacy Practices

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.

This Notice describes the legal obligations of The Institute of Professional Practice, Inc. ("IPPI") is committed to preserving the privacy and confidentiality of your health information that is critical or maintained at IPPI and your legal rights regarding your protected health information held by IPPI under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We will post a copy of the current notice on our website at www.IPPI.org. You may obtain a copy of the notice or any subsequent revised notices by requesting it or printing it from our website. We are required to provide this Notice of Privacy Practices (the "Notice") to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact Elaine J. Lussier, HIPAA Privacy Officer, Executive Vice President, Institute of Professional Practice, Inc., P.O. Box 1249, Montpelier, Vermont 05601-1249, Tel. (802) 229-9515.

Effective Date

This Notice is effective May 1, 2010.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information;
- notify you if a breach of your unprotected health information occurs; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by mail to the last-known address on file.

The privacy practices described in this Notice will be followed by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our clinic;
2. All employees, students, residents, and other service providers who have access to your health information at our clinic; and
3. Any member of a volunteer group that is allowed to help you while receiving services at our clinic.

The individuals identified above will share your health information with each other for purposes of treatment, payment, and health care operations, as further described in the Notice.

For Treatment. We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, or other personnel who are involved in your health care.

For Payment. We may disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.

For example, we may need to give health information to a third party to collect a debt owed to us. In this case collection is turned over to a third party, we will utilize any and all information about you in this process.

Health Care Operations. We may use or disclose your health information in order to perform the necessary administrative, educational, training, quality assurance, and business functions of IPPI.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We also may use your health information to evaluate whether certain treatment or services offered by our clinic are effective. We also may disclose your health information to other physicians, nurses, technicians, or health profession students for teaching and learning purposes.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

Uses and Disclosures of Health Information Requiring an Opportunity for You to Agree or Object

You have the right to agree to or prohibit or restrict the uses and disclosures listed in this section. However, IPPI may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation. We may inform you and obtain your agreement or objection orally. We may ask that a request for restriction be placed in writing.

*Including Mid-Atlantic Human Services Corporation

1. **Facility Directory/Sign-in Sheet.** We may disclose information, such as your present location in our facility, to persons who ask for you by name.

For example, we may ask that you sign in when you arrive so that we may gather information needed for your visit and call you by name to identify you while you are waiting for an appointment.

2. **Appointment Reminders/Test Results.** We may contact you to remind you of an appointment. We may also leave a message for you in your absence.

For example, if we call and you are unavailable, we may leave a message on your answering machine or with another person (such as your spouse) to let you know to call us back.

3. **Treatment Alternatives & Health-Related Products and Services.** We may contact you to inform you of treatment alternatives or health-related products or services that may be of interest to you.
4. **Family Members and Friends.** We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes with you to an appointment, we will assume that you agree to our disclosure or your information to your spouse.
5. **Disclosures when unable to agree or object.** We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures to that family member or friend involved in your care. For example, if you present to our facility with an emergency medical condition, we may share information with the family member or friend that comes with you to our facility.

Uses and Disclosures not Required

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. **As required by law.** We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (DHHS) to disclose your health information in order to allow DHHS to evaluate whether we are in compliance with the federal privacy regulations.
2. **Public Health Activities.** Public health authorities are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse or neglect.
3. **Food and Drug Administration.** The Food and Drug Administration (FDA) is authorized by law to receive and collect information with respect to an FDA-regulated product or activity, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.
4. **Health Oversight Activities.** A health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys may receive and collect information. These activities are necessary for the

government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

5. **Judicial or administrative proceedings.** We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (I) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
6. **Worker's Compensation.** We may disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
7. **Law Enforcement Official.** We may disclose your health information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
8. **Coroners, Medical Examiners, or Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
9. **Organ Procurement Organizations or Tissue Banks.** If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
10. **Research.** We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information that is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.
11. **To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
12. **Military and Veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
13. **National Security and Intelligence Activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
14. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide

you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

Uses and Disclosures Pursuant to Your Written Authorization

Except for the purposes identified above in the above two sections, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information. You may exercise each of these rights, in writing, by providing use with a completed form that you can obtain from our office personnel. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from Elaine Lussier, Privacy Officer.

1. **Right to Inspect and Copy**. You have the right to inspect and copy health information that may be used to make decisions about your care. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Please note that information that we maintain about you (i.e. your chart/our originals) may not be removed from our facility. Inspection of this material may only be granted on-site.
2. **Right to Amend**. You have the right to request an amendment of your health information that is maintained by or for our facility and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for our facility; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.
3. **Right to an Accounting of Disclosures**. You have the right to request an accounting of the disclosures of your health information made by us. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed.
4. **Right to Request Restrictions**. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
5. **Right to Request Confidential Communications**. You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you by mail. Requests should be made in writing, and

signed by you and us upon agreement.

6. **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

Questions or Complaints

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer, Elaine Lussier. If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with our facility, contact Elaine Lussier, our Privacy Officer at The Institute of Professional Practice, Inc., P.O. Box 1249, Montpelier, Vermont 05601-1249. To file a complaint with the Secretary of the DHHS contact the U.S. Department of Health & Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201.

All complaints must be submitted in writing. You will not be penalized for filing a complaint. A complaint must name the entity/person(s) that is the subject of the complaint and describe the acts of omissions believed to be in violation of the applicable standards, requirements, or implementation specifications stated by HIPAA, as outlined in this Notice. A complaint must be filed within 180 days of when the complainant knew or should have known that the act of omission complained of occurred, unless this time limit is waived by the Secretary for good cause shown.

Research

We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.