

**SOUTHERN NEW HAMPSHIRE  
INTERNAL MEDICINE ASSOCIATES  
Notice of Privacy Practices for Health  
Information**

**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!**

**Purpose:** Federal law requires us to give you this information about our privacy practices. We must post the notice in the waiting room and on any practice website, and we must provide revised notices if our privacy policies change. You may request a copy of this Notice from any office location at any time. For more information, please contact us using the information listed at the end of this Notice.

**Our Responsibilities:**

We are required to maintain the privacy of your Protected Health Information. Protected Health Information is the information we develop while providing our services to you. We must abide by the terms of this privacy notice. If we change our privacy policies, we must provide you with an updated privacy notice. We must notify you if we cannot accommodate a requested restriction or request; and we must accommodate your reasonable requests regarding methods to communicate health information with you

**Uses and Disclosures of Health Information:** We cannot use or disclose your health information for any reason except those described in this notice. Under federal privacy laws, we may use and disclose your health information for purposes of treatment, payment, and health care operations. Such information may include your symptoms, results of examination and tests, diagnoses, treatment, and referrals for future care. It also includes billing documents for those services. For example: **Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose our health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with quality assessment activities, reviews of our qualification or competence, accreditation, certification, or credentialing activities.

**Your authorization:** We must disclose your health information to you, as described below. In addition to the above uses, you may give us written authorization to use your health information or to disclose it to anyone for any

purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures already made under your authorization.

**To your family and friends:** Unless you object, we may use our best judgment to disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care, or in an emergency.

**Persons involved in care:** Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death. In event of an emergency or your incapacity, we will disclose health information based on our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, copies of records or reports, or other similar forms of health information.

**Marketing:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may disclose your health information to appropriate authorities when we are required to do so by law. We may disclose your health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose for your health and safety or the health and safety of others.

**National Security:** We may disclose to federal officials for lawful national security activities. We may disclose to military authorities under certain circumstances. We may disclose to correctional institutions or law enforcement officials having lawful custody under certain circumstances.

**Employers and Workers' Compensation:** We may release health information about you to your employer if we provide health care services to you at the request of your employer, under some circumstances. If you are seeking compensation through Workers' Compensation, we may disclose your protected health information to the extent

necessary to comply with laws relating to Workers' Compensation.

**Other Disclosures and Uses:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. We may use and disclose your protected health information to assist disaster relief efforts, organ procurement organizations, and as required by the Food and Drug Administration (FDA), public health authorities, coroners, medical examiners, funeral directors, health oversight agencies and health oversight activities. We may disclose your health information in event of a serious, imminent threat to the health or safety of a person or the public.

**Appointment reminders:** We may use or disclose your health information to provide you with appointment reminders.

**Your Health Information Rights**

**The following health information rights may be exercised by submitting a written request to the contact information below.**

**Access:** The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to request to inspect and copy your health record and billing record, except for psychotherapy notes. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. In certain circumstances we may deny your request; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**Restriction:** You may request a restriction on certain uses and disclosures of your health information. We are not required to grant the request, but we will comply with any request that we do grant, except in emergency. Your request must be in writing and must describe in a clear and concise fashion (a) the information you wish restricted; (b) whether you are requesting to limit our use, disclosure, or both; and (c) to whom you want the limits to apply.

**Amendment:** You may request that your health care record be amended to correct incomplete or incorrect information. Your request must be made in writing to the contact at the end of this document. Your request must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that in our opinion is (a) accurate and complete; (b) not part of the health information kept by us; (c) not part of the health information which you would be permitted to inspect and

copy or (d) not created by our practice. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

**Alternative Communication:** You may request that communication of your health information be made by alternative means or at an alternative location.

**Disclosure accounting:** You have a right to obtain an accounting of disclosures of your health information. An accounting will not include: (a) uses and disclosures of information for treatment, payment, or operations; (b) disclosures or uses made to you or made at your request; (c) uses or disclosures made under an authorization signed by you; (d) uses or disclosures made to family members or friends relevant to that person's involvement in your care or in payment for such care; or (e) uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.

**Revoke authorizations:** You have the right to revoke authorizations that you made previously to use or disclose information, except to the extent information or action has already been taken.

**If you want to exercise any of the above rights, please use the contact information at the end of this document.**

**Questions and complaints**

If you want more information about our privacy practices, or if you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or other complaints, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the Secretary of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Contact Information:

**Administrator/Privacy Officer, SNHIMA  
6 Tienneto Road, Suite 300**

**Derry, NH 03038**

**Phone (603)-216-0400 Fax (603)216-3800**

**Effective Date: 4/14/03**