



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.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR OFFICE AT:

LANCE R. BRYCE, MD, PC
ATTENTION: HIPAA COMPLIANCE OFFICER
984 SOUTH MEDICAL DRIVE
BRIGHAM CITY, UTAH 84302

WHO WILL FOLLOW THIS NOTICE

This Notice describes Lance R. Bryce, MD, PC practices and that of:

- Any health care professional or billing staff authorized to use or disclose protected health information.
- All departments and units of Lance R. Bryce, MD PC, **and the operations we outsource to certain of our business partners.**
- All employees, staff and other Lance R. Bryce, MD, PC personnel.

All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or operations purposes described in this Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. You may receive a record of the care and services you receive at Lance R. Bryce, MD PC. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care used, modified or generated by Lance R. Bryce, MD PC. Your hospital may have different policies or notices regarding the hospital's use and disclosure of you medical information created in the hospital. We refer to Protected Health Information herein as PHI.

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;

- Make available to you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect. This Notice may change, in the manner described below under “CHANGES TO THIS NOTICE”.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we provide examples, but not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **FOR TREATMENT:** We may use your PHI to provide you with medical treatment or other medical services. We may disclose medical information about you to doctors, nurses, physician assistants, nurse practitioners, technicians, medical or nursing students, office staff, or other ancillary personnel who are involved in your medical care.
- **FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive from your provider may be billed to and payment may be collected from you, an insurance company or health plan or other third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may have our bills and payment arrangements outsourced to one or more third party service providers who issue, process and collect bills on our behalf.
- **FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information about you for Lance R. Bryce, MD, PC operations. These uses and disclosures are necessary to run Lance R. Bryce, MD, PC and make sure that all of our patients receive quality care. For example, we may use medical information to review services and to evaluate the performance of our staff. We may also combine medical information about many Lance R. Bryce, MD, PC patients to decide what additional services Lance R. Bryce, MD, PC should offer, what services are not needed, and whether certain new services or policies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Lance R. Bryce, MD, PC personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers or billing services to compare how we are doing and see where we can make improvement in the care and services we offer. We may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without knowing who the specific patients are.
- **HEALTH-RELATED BENEFITS AND SERVICES:** We may use and disclose medical information to tell you about health-related benefits options or alternatives that may be of interest to you.
- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** We may release medical information about you to a friend, family member, spouse, extended family or anyone who is directly involved in your medical care, or someone who helps pay for your care, unless specifically requested otherwise in writing before the time of service. In

addition, we may disclose medical information about you to an entity assisting in a disaster relief effort, so that your family can be notified about your condition, status and location.

- AS REQUIRED BY LAW: We will disclose medical information about you when required to do so by federal, state or local law.
- TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- DISCLOSURE THROUGH STATEMENT OF ACCOUNT: It is normal business operations to send family statements. Our practice will use and disclose your PHI on family billing statements.
- DISCLOSURES THROUGH VERBAL NOTIFICATION: Lance R. Bryce, MD, PC may call your home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TREATMENT, PAYMENT OR OPERATIONS, such as but not limited to appointment reminders, insurance items and any calls pertaining to your clinical care, including laboratory results among others.
- DISCLOSURE THROUGH ELECTRONIC NOTIFICATION: Lance R. Bryce, MD, PC may e-mail to your home or other alternative location any items that assist the practice in carrying out TREATMENT, PAYMENT OR OPERATIONS, such as but not limited to appointment reminder cards, insurance items, information pertaining to your clinical care, any test results and patient statements. You have the right to request that Lance R. Bryce, MD, PC restrict how it uses or discloses my PHI to carry out TREATMENT, PAYMENT OR OPERATIONS.
- SPECIAL SITUATIONS. We may also use and disclose medical information about you in the situations described under “SPECIAL SITUATIONS’ below.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to use will be made only with your written authorization. A form for those authorizations, both those that you request and those that we request, is available at the location noted on the first page of this Notice. If you give us an authorization, you may later revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. In that case, however, we will be unable to take back any disclosures we have already made with your permission, and we will still be required to retain our records of the care that we provided to you.

SPECIAL SITUATIONS

MILITARY AND VETERANS: If you are a member of the armed forces, we may release medical information about you as required by military command authorities or, some cases if needed to determine benefits, to the Department of Veterans Affairs. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government, other healthcare agencies, and third-party payors, to monitor the health care system, government programs, and compliance with civil rights laws and insurance policies and procedures.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Canyon Surgical Clinic and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

NATIONAL SECURITY, INTELLIGENCE AND FEDERAL PROTECTIVE SERVICE ACTIVITIES: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorized federal officials where required to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

INMATES: If you are an inmate of a correctional institution or under the custody of a law enforcement official where necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following right regarding medical information we maintain about you:

- **RIGHT TO INSPECT AND COPY.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

You must submit any request to inspect and copy your medical information to: Canyon Surgical Clinic, 984 South Medical Drive, Suite 2, Brigham City, Utah 84302, in writing. (A form for that request is available from that office.) If you request a copy of your

information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. Also, all medical information requests generally take up to 60 days to process.

Lance R. Bryce, MD, PC is not the legal custodian of any medical chart, report or record other than those involving billing and payment. We will not release any information other than billing and payment information.

We may deny your request in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Lance R. Bryce, MD, PC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review. Generally, any costs associated with this review will be assessed to the patient.

- RIGHT TO AMEND. If you feel that medical information we have about you 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 Canyon Surgical Clinic.

You must submit any request for an amendment to our office at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must provide a reason that supports your request.

We may deny your request for an amendment 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
 - Is not part of the medical information kept by or for Canyon Surgical Clinic
 - Is not part of the information which you are permitted to inspect and copy; or
 - Is accurate and complete
- RIGHT TO AN ACCOUNTING OF DISCLOSURES. You have the right to request an “accounting of disclosures.” This is a list of the disclosure we have made of medical information about you, with some exceptions. The exceptions are governed by federal health privacy law, and may include (1) many routine disclosures for treatment, payment and operations, (2) disclosures to you, and (3) disclosures made from any Canyon Surgical Clinic patient directory, as described above.

You must submit any request for an accounting of disclosures to our office at the location noted on the first page of this Notice, in writing with a 60 business day notice. (A form for that request is available from our office.) Your written request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003, when current federal health privacy laws became effective for Lance R. Bryce, MD, PC [Your request should indicate whether you want the report on paper or electronically.] The first report you request within a 12-month period will be free. For additional reports, we may charge you for the costs of providing the report. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- RIGHT TO REQUEST RESTRICTIONS. You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Please note that we are *not required* to agree to your request. However, if we do agree, we will comply with your request unless the information is needed to provide your emergency treatment.

You must submit any request for restrictions to our office at the address noted on the first page of this Notice, in writing, before the time of service. (A form for that request is available from our office.) Your written request must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply for example, disclosures to your spouse.

- RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must submit any request for confidential communication to our office at the location noted on the first page of this Notice, in writing prior to service or treatment. (A form for that request is available from that office.) Your written request must tell us how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- RIGHT TO A PAPER COPY OF THIS NOTICE. You may ask us to give you a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically, by contacting our office at the location noted on the first page of this Notice.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. When we do, we may make the changed Notice effective for medical information we already have about you then, as well as any information we receive in the future. We will post a copy of the current Notice in our office. Each Notice will contain on the first page, in the top-right hand corner, its effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Lance R. Bryce, MD, PC or with the Secretary of the Department of Health and Human Services. To file a complaint with Lance R. Bryce, MD PC, contact our office at the location noted on the first page of this Notice. All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

OVERRIDING NOTICE OF PRIVACY PRACTICES

Lance R. Bryce, MD, PC will maintain compliance with this notice and will comply with all requests made to us from providers or guardians of the patient's medical record. Lance R. Bryce, MD, PC is not liable for any breach of privacy in the event that the provider did not notify Lance R. Bryce, MD, PC of any request or restriction.