



## ReproTech, Ltd. (RTL) Notice of Privacy and Security Practices

**This following information explains how your personal health information might be used or disclosed and how you can attain access to this information. Please review this information carefully.**

### Uses and Disclosures

**Medical Action:** Your health information may be used by RTL or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Health Care Operations:** Your protected health information may be used as necessary to support the day-to-day activities and management of RTL. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Payment:** Your health information may be used to seek payment from your health plan, from other sources of coverage such as credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Law Enforcement Officials:** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public Health Reporting and Officials:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

### Additional Uses of Information

**Appointment reminders:** Your health information will be used by our staff to send you appointment reminders.

## **Individual Rights**

**You have certain rights under the federal privacy standards.** These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

### **Use and Disclosure of Your Protected Health Information**

Your protected health information will be used by RTL or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

### **Notice of Privacy Practices**

You can read the RTL Security and Privacy Policy for a more complete description of how your protected health information may be used or disclosed.

### **Requesting a Restriction on the Use or Disclosure of Your Information**

You may request a restriction on the use or disclosure of your protected health information. RTL may or may not agree to restrict the use or disclosure of your protected health information. If RTL agrees to your request, the restriction will be binding on the practice.

### **Cancellation of Consent**

You may abrogate this consent to the use and disclosure of your protected health information. You must cancel this consent in writing. Any use or disclosure that has already occurred prior to the date on which your cancellation of consent is received will not be affected.

### **Reservation of Right to Change Privacy Practices**

RTL reserves the right to modify the privacy practices outlined in the notice.

### **Notice of Your Right to File a Complaint**

If you believe that a covered entity violated your (or someone else's) health information privacy rights or committed another violation of the Privacy or Security Rule, you may file a complaint with OCR. OCR can investigate complaints against covered entities.

### **COMPLAINT REQUIREMENTS - Your complaint must:**

1. Be filed in writing, either on paper or electronically, by mail, fax, or e-mail;
2. Name the covered entity involved and describe the acts or omissions you believe violated the requirements of the Privacy or Security Rule; and
3. Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause."

If you mail or fax the complaint, be sure to send it to the appropriate OCR regional office based on where the alleged violation took place. OCR has ten regional offices, and each regional office covers specific states. Send your complaint to the attention of the OCR Regional Manager. You do not need to sign the complaint and consent forms when you submit them by email because submission by email represents your signature. The locations of OCR regional offices can be found at the following website;

<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>