



## 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. The privacy of your health information is important to us.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to provide treatment, obtain payment, and conduct health care operations and for other purposes permitted or required by law. It also describes your rights concerning your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to follow the practices described in this Notice. We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information we maintain at that time including health information we created or received before we made the changes. You may obtain a copy of our Notice of Privacy Practices at any time by calling our office or requesting one at your next appointment.

**Uses and Disclosures of Protected Health Information Treatment:** We will use and disclose your protected health information to provide, coordinate, and manage health care and related services for you. For example, we will disclose information to a specialist to whom you have been referred to ensure the provider has enough information to diagnose and/or treat you. We may also disclose information to a laboratory that, at our request, becomes involved in your treatment.

**Payment:** We may use and disclose your information to obtain payment for services we provided for you. For example, we will send the necessary information to your health insurance company to obtain payment for the treatment provided.

**Healthcare Operations:** We will use and disclose your health information to conduct the business activities of this office. These activities include, but are not limited to, quality assessment and improvement activities, review of the performance and qualifications of employees, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to begin your treatment.

We will share your protected health information with business associates that perform specific functions for our practice such as billing. When a business arrangement of this type requires the use of your information, we will have a written contract with the third party to protect the privacy of your protected health information.

**Others Involved in Your Health Care:** We must disclose your health information to you as described in the Patient Rights sections of this Notice. We may disclose your health information to a family member or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree. If we determine it is in your best interest based on our professional judgment or experience with common practices, we may allow another person to pick up filled prescriptions, medical supplies, x-rays or other forms of health information. We may use or disclose protected health information to notify or assist in notifying a family member, a personal representative or any other person responsible for your care of your location, your general condition or death. If you are present prior to the use or disclosure of your protected health information, we will provide you with the opportunity to object to such uses or disclosures. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family members or others involved in your health care.

**Ozark Regional Vein Center  
5433 Walsh Lane  
Rogers, AR 72758**

**Tel: 479-464-VEIN (8346)  
Fax: 479-464-9046  
[www.OzarkRegionalVeinCenter.com](http://www.OzarkRegionalVeinCenter.com)**

**Emergencies:** In the event of your incapacity or in emergency circumstances, we may use or disclose your protected health information to treat you.

**Uses and Disclosures of Protected Health Information Based upon Your Written Authorization:** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that an action has already been taken in reliance on the authorization.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object:** We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required by Law:** We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. We must make disclosures to you and, when required, to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule, Section 164.500 et. seq.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. Additionally, we may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Questions and Complaints:** If you have any questions, concerns or want more information about our privacy practices please contact us using the information below. If you are concerned that we may have violated your privacy rights or you disagree with a decision we have made regarding your access to your health information or any other request you have made in the exercise of your rights, you may send your complaint to us using the information below. You may also submit a written complaint to the Secretary of Health and Human Services. Contact us for the address of the Department of Health and Human Services. We support your right to the privacy of your health information and we will not retaliate against you in any way for filing a complaint.

**Contact our Office:**

**Contact Office or Official: Ozark Regional Vein Center – Felecia Townsely Phone: 479-464-VEIN (8346) Fax: 479-464-9046 Email: FTownsely@ozarkregionalveincenter.com Address: 5433 Walsh Lane Rogers, AR 72758**

This notice was published and becomes effective on April 14, 2003.

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Rogers, AR 72758**

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