

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.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU: The following categories describe ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, upon request. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. We must obtain your authorization before the use and disclosure of any psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosure that constitute a sale of PHI. Uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from the individual.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at UROLOGY CENTERS OF ALABAMA, P.C. (UCA) may be billed to, and payment may be collected from you, an insurance company or a third party. For example: we may disclose your record to an insurance company, so that we can get paid for treating you.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who participate in taking care of you at UCA or the hospital. For example, we may disclose medical information about you to people outside UCA who may be involved in your medical care, such as family members, clergy or other persons that are part of your care. UCA and its health professionals, exercising their best judgement, may disclose to a family member, other relative, close friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

For Health Care Operations: We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run UCA and ensure that all our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other Practice personnel for review and learning purposes. For example, we may review your record to assist our quality improvement efforts.

WHO WILL FOLLOW THIS NOTICE: This notice describes our Practice's policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff, and other Practice personnel to provide services on its behalf. Personal health information may be disclosed to business associates in order to perform their respective job functions, but UCA requires business associates to safeguard your information.

CONSENT TO CONTACT: I authorize and grant consent for UCA, its assignees, and third party collection agents to utilize all contact information I have provided in efforts to contact me to communicate regarding my account, including debt collection, by a live person or automated dialing device. This includes, but is not limited to cellular telephone, employment telephone, home telephone, and any form of digital communications including, but not limited to, contact by manual calling methods, prerecorded or artificial voice messages, emails, text messages, and/or automatic telephone dialing systems.

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Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services: We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you. When leaving a voicemail, UCA will provide the physician's name, person calling, and telephone number. Communication methods may include email, text, phone, electronic facsimile, or mail. UCA may also use or disclose information to notify a family member, personal representative, or another person responsible for your care, of our location and your general condition.

POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION: We create a record of the care and services you receive at UCA. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by UCA, whether made by Practice personnel or by your personal doctor.

- The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect.
- Other ways we may use or disclose your protected healthcare information include the following: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives.
- UCA may use your protected healthcare information to submit to the professional certification board for purposes required for physicians' qualification to complete their specialty board examination.
- Federal and state laws could permit UCA to participate in organizations with other health care providers, insurers, and/or other health care industry participants to share your information with one another to accomplish goals such as improving the accuracy and increasing the availability of your health records, aggregating and comparing your information for quality improvement purposes, and other purposes as permitted by law.
- Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners, and funeral directors; health oversight activities; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; and others; public health risks; and worker's compensation.

NOTICE OF INDIVIDUAL RIGHTS

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

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

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. We may deny your request to inspect and copy in certain very limited circumstances. Reasonable fees may be assessed for paper copies of medical records.

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Right to Amend: If you feel that the 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, or for, UCA. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, and you must provide a reason that supports your request. We may deny your request for an amendment.

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. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer.

Right to Request Removal from Fundraising Communications: You have the right to opt out of receiving fundraising communications from UCA.

Right to Restrict Disclosures to Health Plan: You have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment of health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

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. You must make your request in writing, and you must specify how or where you wish to be contacted.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We will post a copy of the current notice in UCA waiting room.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with UCA or with the Secretary of the Department of Health and Human Services. To file a complaint with UCA, please contact the Privacy Officer by phone at 205-930-0920 or 1(800) 452-1464 or mail to Urology Centers of Alabama, P.C., 3485 Independence Drive Homewood, AL 35209. You will not be penalized for filing a complaint.

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. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

If you have any questions about this notice or would like to receive a more detailed explanation, please contact our Privacy Officer at (205) 930-0920 or 1(800) 452-1464. UCA reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains.