

**SOUND HEALTH SERVICES, P.C.  
PRIVACY PRACTICES NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY SOUND HEALTH SERVICES, P.C. (THE "PRACTICE") AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice please contact our Privacy Official who is R. Brian Vohs at 1010 Old Des Peres Road, St. Louis, MO 63131.

We are required by law to maintain the privacy of protected health information (as defined by law and referred to in this notice as "health information"), to provide you with notice of our legal duties and privacy practices and your rights with regard to health information and to make reasonable efforts to notify you if we believe a breach of our privacy practices has occurred that involves your health information. We are required to abide by the terms of this notice or any new notice we adopt (as described below).

The Practice will not use your health information for marketing purposes or fundraising purposes and will not sell your health information. We may use and disclose to others your protected health information without your consent for the following purposes.

**Treatment:** We may use and disclose your health information for purposes related to your treatment such as providing, coordinating or managing your health care and any related services. For instance, we may disclose your health information to other physicians that are involved in your treatment. We may disclose your health information to another physician or provider (e.g., a laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your diagnosis or treatment. Disclosures for treatment purposes include but are not limited to emergency circumstances.

**Payment:** Your health information may be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Health Care Operations:** We may use and disclose your health information in support of our health care operations. For instance, we may disclose your health information as part of a quality assessment of our operations by us, by a health plan or other organization or by our employees or agents or as a part of review activities, licensing activities, and conducting or arranging for other business activities. Your name and the designation of the doctor you are visiting may also be visible to other patients when you sign in at our office. You may also be called by name in the waiting room.

**Workers' Compensation:** We may disclose your health information to workers' compensation insurers, workers' compensation administrative agencies or your employer if you are being treated for an injury arising from an injury that occurred on your job or a work related illness.

**Business Associates:** We may disclose your health information to persons or entities that provide services or goods related to your treatment or to our operations. For instance, a company that transcribes or copies our medical records will have access to your health information. We will have appropriate agreements with our business associates designed to protect further disclosure of your health information.

**Legal Requirements:** We may disclose your health information as required by law. As one example, we may disclose your health information if required to do so by a valid court order. In certain specific circumstances this may include the release of your health information to your employer. There are also limited circumstances under which the law requires us or permits us to disclose your health information such as required disclosure related to certain crimes, or permitted disclosure when we believe necessary to avert a serious threat to health or safety.

**Appointment Reminders:** Your name, the name of your physician and the existence of and time of your health care appointments may be disclosed to the person who answers your telephone (or left on an answering machine at your telephone number). An appointment reminder may also be sent to your address including your name, address, the name of our Practice, the name of your physician, the date and time of your appointment at the office of our Practice at which you have an appointment.

**Others Involved in Your Care:** When, in the professional opinion of your physician, we believe it to be in your best interest we may disclose your health information to your family member, your close friend or any person you identify who is involved in your medical care.

**Research:** We may use and disclose your health information to researchers only if the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Other:** We may disclose your health information (i) to public health authorities for public health purposes such as preventing or controlling diseases; (ii) to a person who may have been exposed to a communicable disease or otherwise may be at risk of spreading a disease or condition; (iii) to public health agencies who oversee the health care system, government benefit programs and civil rights laws; (iv) to health oversight organizations for their lawful purposes; (v) to public health authorities and law enforcement for legally authorized purposes and legal enforcement relative to abuse and neglect related laws; (vi) to correctional institutions and law enforcement for the provision of health care to you (if you are an inmate) or the protection of or operations of correctional facilities; (vii) to the U.S. Food and Drug Administration or entities it may designate in furtherance of the purposes of the U.S. Food and Drug Administration; (viii) to coroners, funeral directors and organ donation organizations for their legally permitted purposes; (ix) to law enforcement for legally permitted action related to enforcement of criminal laws and

prevention of certain criminal conduct; and (x) federal, state and local governmental agencies (including the Armed Forces in the case of a patient in the military) for their lawful purposes.

**Authorized Uses:** Uses or disclosures of your health information not covered by this Notice or the laws that apply to us may only be made with your written authorization delivered to the Practice's Privacy Official. For instance, if you request that we transfer your medical records to another provider we will ask you to sign an authorization for that transfer. You may revoke any authorization in writing and we will no longer make disclosures authorized by your authorization. Disclosures made prior to the revocation in reliance on your authorization are not affected by the revocation.

Certain disclosures require your authorization. For instance, we will not use your health information for marketing purposes or any disclosures that constitute the sale of health information without your prior written approval. We will not contact you for fundraising purposes. When disclosing health information to determine your eligibility for insurance or other benefits (underwriting purposes), other than long term care insurance, we will not disclose genetic information about you.

### **Your Rights And How To Exercise Your Rights**

You have the right to request us to restrict disclosure of your health information to a health plan (insurance company) for payment or health care operations so as to not disclose a health care item or service for which you have paid out of pocket in full. We must and will honor such written requests when signed by you, dated and delivered to our Privacy Official at the address below.

You have the right to request to inspect and receive a copy of your health information to be provided to you or a recipient you designate. Your request must be in writing, signed and dated, delivered to the Practice's Privacy Official at the address designated below and must clearly designate the name and address of the recipient. If the Practice maintains your health information in electronic format you may request an electronic copy of your health information in an electronic format you designate. If the format is not readily producible by the Practice then the Practice must produce your health information in a readable electronic format that the Practice and you agree is acceptable. The health information you receive from the Practice may omit certain information as allowed by law. We may charge you a fee for providing you a copy of your health information. In most instances we must produce your copy of your health information within 30 days of receipt of your request. However, when your health information is stored off-site the time for us to produce your copy may be delayed up to 60 days. We must notify you when there will be a delay.

You have the right to request restrictions on certain uses and disclosures of your health information regarding your treatment, payment for services and health care operations. You may exercise that right by providing your request in writing delivered to the Practice's Privacy Official at the address designated below including your signature and the date of your signature. In many circumstances we are not required to agree to your request.

You have the right to request, and we must accommodate reasonable requests, from you that you receive communications of your health information from us by alternative means or at alternative locations. Again, your request must be in writing delivered to the Practice's Privacy Official at the address designated below including your signature and the date of your signature.

You have the right to request that we amend your health information. You may exercise this right through a written request delivered to the Practice's Privacy Official at the address designated below specifically stating the requested amendment and the reason for the amendment which request must include your signature and the date of your signature. In certain circumstances we may deny your request.

You have a right to request and obtain from us an accounting of certain disclosures of your health information made by us in the six (6) years preceding the date of your request. You may exercise this right through a written request delivered to the Practice's Privacy Official at the address designated below signed and dated by you. We are not allowed or required to account to you for certain types of disclosures of your health information and, in certain circumstances, we are not allowed to or we may refuse to account to you for certain disclosures of your health information.

You have a right to obtain a paper copy of this Notice. Your request for a paper copy should be made to the receptionist at the Practice's office at which you visit your physician.

We will notify you in the event of unauthorized use or disclosure of your health information unless we demonstrate a low probability that your health information has been compromised.

If you believe your privacy rights have been violated you may file a complaint with the Practice. You may file a complaint by sending a written statement explaining your complaint to the Practice's Privacy Official at the address designated below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. If requested in writing the Practice's Privacy Official will provide you the address. The Practice will not retaliate against you for filing a complaint.

#### **Changes In Privacy Practices Or This Notice**

The Practice reserves the right to apply a change in its privacy practices to all health information in its possession prior to the effective date of any Notice describing such change. However, the Practice will promptly issue a new Notice of its Privacy Practices in place of this Notice. A copy of The Practice's current Privacy Practice Notice will be displayed in the waiting area of the Practice and on the Practice's web site. The Practice will provide you a written copy of its current Notice of Privacy Practices upon receipt from you of a written request signed by you and dated delivered to the Practice's Privacy Official at the address designated below.

Any request, notice or complaint regarding your health information that is to be delivered to the Practice's office should be addressed to the Practice's Privacy Official at the following address:

Sound Health Services, P.C.  
Attn: R. Brian Vohs  
Privacy Official  
1010 Old Des Peres Road  
St. Louis, MO 63131

The effective date of this notice is July 11, 2017.