



ALISON SNIDER, MD

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information.

**OUR LEGAL DUTY:** Alison T. Snider, MD, PLLC is required by applicable Federal and State laws to maintain the privacy of your personal medical information that we hold, develop, or receive from other sources. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect this Notice takes effect on the date you enroll in our program and will remain in effect until reviewed or replaced.

Alison T. Snider, MD, PLLC reserves the right to change our privacy practices and the terms of this Notice at any time as required by applicable law. We reserve the right to make such changes and the new terms are effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change on our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of your Notices at any time. For more information about our privacy practices, or for more additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **USES AND DISCLOSURES OF MEDICAL INFORMATION**

We use and disclose medical information about you for treatment and healthcare operations.

**Treatment:** We may use or disclose your medical information to a physician or other healthcare provider providing treatment to you.

**Healthcare Operations:** We may use and disclose your medical, information in connection with our healthcare operations. Healthcare operations include: treatment, patient evaluation, quality assessment and improvement activities, review of the competence or qualifications of health care professionals, evaluation of practitioner and provider performance, conducting training programs, certification, licensing; or credentialing activities

**Your Authorization:** In addition to our use of your medical information for treatment, or healthcare operations you may give us written authorization to use your medical information or to disclose it to anyone for a purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your medical information for any reason except those described in the Notice.

**Persons Involved with Care:** We may use or disclose medical information to notify, or assist in the notification of (including, identify or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such usages or disclosures. In the event of your incapacity or emergency circumstances, we will disclose medical information based on a determination using our professional judgment disclosing only medical information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

**Required by Law:** We may use or disclose your medical information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Appointment Reminders:** We may use or disclose your medical information to provide you with appointment reminders. Examples of these could include voicemails, paycheck stuffers, postcards, emails or letters.

**PATIENT'S RIGHTS**

**Access:** With limited exceptions, you have the right to look at a copy of your medical information. We will use the format you request unless we cannot do so practically. You must make the request in writing to obtain access to your medical information. If you want a copy of your medical information, we will provide you with one copy at no cost. If you require additional copies we will charge you \$0.25 per page up to a \$15.00 maximum per chart. The cost of mailing or shipping copies of your medical record will be charged.

**Restriction:** You have the right to request that we amend or place additional restrictions on your medical information. We are not required to agree to these changes, but if we do, we will abide by our general agreement (except in an emergency).

**Questions and Complaints:** If you want more information about privacy practices or have questions or concerns, please contact us as directed below:

Alison T. Snider, MD, PLLC  
P.O. Box 146  
Yadkinville, NC 27055

If you feel that we may have violated your privacy rights, or you disagree with a decision we have made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information; or you want us to communicate with you by alternative means or alternative locations you may send a written complaint to the above address. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Client Signature/Date: \_\_\_\_\_

Print Client Name: \_\_\_\_\_

Witness/Date: \_\_\_\_\_