



Be Part of Our Family At

The Doctor's House

Dr. Amy Dale Casto
Jennifer Ranson, NP

612 Fifth Street
St. Albans, WV 25177
Phone: 304-729-0015
Fax: 304-729-0016
www.thedoctorshouse.org

The Doctor's House- Notice of Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The Doctor's house is dedicated to protecting your medical information or protected health information. We are required by law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices with respect to PHI. We are required by law to abide by the terms of the Notice, making revision applicable to the entire PHI we maintain. If we revise the terms of this Notice, we will post a revised notice at the office and will make paper copies of this Notice of Privacy Practices. Your PHI is available for review upon request.

HOW MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your protected health information (PHI) as part of rendering patient care. For example, your PHI may be used by the health care professional treating you, by the business office to process your payment for the services rendered by our staff reviewing the quality and appropriateness of care received.

We may also use and/or disclose your information in accordance with federal/state laws for the following:

Unless you object, we may disclose to family members other relatives, the medical information directly relevant to such person's involvement with your care. List exclusions (if any):

Unless you object, we may use or disclose your medical information to notify a family member, or other person responsible for your care of our location and your general condition, or death. List exclusions, if any:

- We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits that may be of interest to you.
- We may disclose medical information when required by the US department of Health and Human Services as part of an investigation or determination of the Practice's compliance with relevant laws.
- We may use or disclose your medical information for public health activities, including reporting of disease, injury, and conduct of public health surveillance. We may disclose your PHI concerning abuse, neglect, or violence in accordance with federal and state law.

- We may disclose your MI in the course of certain judicial or administrative proceedings.
- We may disclose your medical information for law enforcement purposes/other specialized governmental functions.

- We may disclose your medical information to a coroner, medical examiner or funeral director.

- If you are an organ donor, we may disclose your MI to an organ donation and procurement organization.

- We may disclose your medical information for certain research purposes.

- We may disclose your medical information to prevent or lessen a serious threat to health and safety of another or the public.

- We may disclose your medical information as authorized by laws relating to Worker's Comp or other programs.

We will not disclose or use your medical information for any other purpose without your written authorization. Once given, you can revoke your authorization at any time.

RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights with respect to your medical information:

- The right to request restrictions on certain uses and disclosures of your Protected Health Information (PHI). We are not required to agree to your requested restriction, but if we do, we will honor it.

- The right to receive communications from us in a confidential matter.

- The right to inspect and copy your medical information. The right is subject specific exceptions and you may be charged a reasonable fee for any copies of your records.

- The right to request an amendment of your medical information. This right is subject to certain specific reasons, and, if denied, we will provide you with written explanation for the denial and information of further rights you would have at that point.

- The right to receive an accounting of the disclosures of your medical information in the six years prior to your request, except for disclosure for treatment, payment, or practice operational purposes, disclosures pursuant to an authorization and certain other specific disclosure types.

- The right to request a paper copy of this Notice of Privacy for Protected Health Information.

- The right to complain to the practice and/or to the US Department of Health and Human Services, if you believe that the Practice has violated your privacy rights. To complain to the Practice, please call: John Casto, office manager 729-0015

If you choose to file a complaint, you will not be retaliated against in any way.

THIS NOTICE IS EFFECTIVE AS OF JANUARY 15, 2006.

Thank you,
Dr Amy Casto