

## **Lake Country Family Medicine**

### **Notice of Privacy Practice**

This note describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. Although, it is necessary to provide certain information about you for your healthcare needs.

This practice uses and disclose health information about you for treatment to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practice. You can request a copy of this notice at any time. For information about this notice or our privacy practices and policies, please contact the compliance officer.

#### **How we may use and disclose medical information about you.**

##### **Treatment**

We may use medical information about you to provide you with medical treatments or services. We may disclose medical information about you to hospitals, doctors, nurses, technicians, medical students, pharmacists, medical supply companies, and other healthcare providers who are involved in your care. For example:

Your care may require the involvement of a specialist. When we refer you to a specialist, we will share some of your information with the physician to facilitate the delivery of your care.

##### **Payment**

We are permitted to use and disclose your medical information to bill and collect payment for services provided to you. For example:

We may complete a claim form, which contains medical information with a description of the medical service provided to you to obtain payment from your insurance company, HMO, or third party.

##### **Healthcare operation**

We are permitted to use or disclose medical information for the purpose of healthcare operations which are activities that support this practice and ensure the quality of care is delivered. For example:

We may engage the services of a professional to aid this practice in its compliance program. This person will review billing and medical files to insure we maintain our compliance with regulations and the law.

##### **Appointment reminder, treatment alternatives, and other health-related benefit**

We may contact you by (telephone, mail, or both) to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also use your demographic information to send you a greeting card.

##### **Individuals involved in your care**

We may release medical information about you to a family member, friend, and/or guardian who are involved in your medical care.