

NOTICE OF PRIVACY PRACTICES

January, 2018

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.

If you have any questions about this notice, please contact: Interventional and Vascular Consultants, PC, Attention: Mandy Bouschor, Corporate Administrator, 25030 SW Parkway Ave., Suite 200, Wilsonville, OR 97070, (503) 612-0498.

YOUR HEALTH INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to the information and records we have about you, your health, health status and the services you receive at this office. Your health information may include information created and received by this office. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices concerning medical information about you.
- Follow the terms and the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

We may use and disclose medical information in many ways. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

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 or hospital personnel who are involved in taking care of you. For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also speak to another doctor about your condition so that doctor can help determine the most appropriate care for you. We may also share medical information about you in order to coordinate care, such as prescriptions, lab work and diagnostic testing. We may also disclose information about you to people who may be involved in your medical care such as family members, clergy, rehabilitation centers etc.

For Payment We may use and disclose medical information about you so that the treatment and services you receive at IVC may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about testing that you receive at our practice so your health plan will pay us or reimburse you for those services. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations We may use and disclose medical information about you in order to run our organization and make sure all of our patients receive quality care. For example, we may use your medical information to evaluate the performance of our staff in caring for you. We may also use medical information about many or all of our patients to help decide what additional services we should offer, how we can become more efficient or whether new treatments are effective. We may also combine the medical

information we have with medical information from another similar organization to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders We may use and disclose medical information to contact you as a reminder that you have an appointment or medical care at IVC.

Treatment Alternatives We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefit Services We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you have been seen in our office. In Addition, we may disclose medical information about you to a friend or family member should an emergent situation arise while you are at our office.

Research Under certain circumstances we may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research the project will have to be approved. We will always ask your specific permission if the researcher will have access to your name, address or other information that reveals who you are. For example, a research project may involve comparing the health and recovery of all patients who received one medication to this who received another medication for the same condition.

As Required by Law We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

To All Other Uses and Disclosures All other uses and disclosures of information not contained in this Notice of Privacy Practices will not be disclosed without your authorization.

SPECIAL SITUATIONS

Organ and Tissue Donation If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ tissue donation and transplantation.

Military and Veterans If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers Compensation We may release medical information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect

- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities We may disclose medical information to a health oversight agency for activities authorized by law. Examples of these oversight activities include audits, investigations, system, government programs and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if, under certain and limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at the hospital
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates If you are an inmate of a correctional institution or under the custody of a law enforcement official we may release medical information about you to the correctional institution or law enforcement official. The release of this information would be necessary 1) for the institution to provide you with health care. 2) to protect your health and safety or the health and safety of others. 3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

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. Usually this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Interventional and Vascular Consultants, PC, Attention: Mandy Bouschor, Practice Administrator. If you request a copy of the information we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend If you feel that medical information we have about you is incorrect or incomplete you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all the information, both old and new, is kept by or for IVC. To request an amendment, your request must be made in writing and submitted to an Office Manager. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for our practice.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete

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, including disclosures for the purpose of treatment, payment and healthcare operations. To request this list or accounting of disclosures you must submit your request in writing to the CEO. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

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, such as 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 an Office Manager. In your request you must tell us 1) what information you want to limit. 2) whether you want to limit our use, disclosure or both. 3) to whom you want the limits to apply.

Right to Request Confidential Communication You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to an Office Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

Right to Restrict Release of Information You have the right to restrict the disclosure of information regarding services for which you have paid in full or an out of pocket basis. This information can be released only upon written authorization.

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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, ask any of our office staff or you may write to our Practice at Interventional and Vascular Consultants, PC, 25030 SW Parkway Ave., Suite 200 Wilsonville, OR 97070.

Right to Breach Notification You have the right to be notified of a breach of unsecured protected healthcare information. In the case of a breach we will notify you as required by law.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for the medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in



Jaime W. All, MD RPVI
Jason R. Bauer, MD RVT
Zachary B. Love, MD
Michael E. Pfister, MD RVT

our office. The notice will contain the effective date on the first page. In addition, each time you are seen for treatment or health care services at our office we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with IVC, please write Interventional and Vascular Consultants, PC, Attention: Mandy Bouschor, 25030 SW Parkway Ave., Suite 200 Wilsonville, OR 97070. All complaints must be submitted in writing.

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 us will be made only with your written permission. 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 revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.