

Metabolic Medical Center, Inc.
Notice of Privacy Practices
Effective April 14, 2003

**As required by the Privacy Regulations created as a result of the
Health Insurance Portability & Accountability Act of 1996 (HIPAA)**

This notice describes how health information about you as a patient of this practice may be used and disclosed and how you can get access to your individual health information.

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business we will create records regarding you and the treatment we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. Also, we are required by law to provide you with this notice of our legal duties and the privacy practices we maintain in our practice concerning your IIHI. By federal and state law we must follow the terms of the notice of privacy practices in effect at the time.

The terms of this notice apply to all records containing your IIHI that are created or maintained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past and for any of your records that we may create or maintain in the future. We will post a copy of our current practices in our office in a visible location at all times and you may request a copy of our most current notice at any time.

The following categories describe the different ways in which we may use and disclose your IIHI:

1. **Release of Information to family/friends** – We may release your IIHI to a friend or family member that is involved in your case or who assists in taking care of you.
2. **Health Care Operations** – We may use and disclose your IIHI to operate our business. As examples of ways in which we may use and disclose your information for our operations we may use your information to evaluate the quality of care you received from us or to conduct cost management and business planning activities for our practice. We may disclose your IIHI to other healthcare providers and entities to assist in their healthcare operations.
3. **Treatment** – We may use your IIHI to treat you. We may use your IIHI for laboratory testing, calling in prescriptions, and determining diagnosis.
4. **Payment** – We may use and disclose your IIHI in order to collect payment for services and items you may receive from us. We may use and disclose your IIHI to other healthcare providers and entities to assist in their billing and collection efforts.
5. **Appointment Reminders** – We may use IIHI to contact you and remind you of an appointment.
6. **Disclosures required by law** – We may use your IIHI when we are required to do so by local, state, and federal law.
7. **Insurance companies and Law offices** – We may use and disclose your IIHI when responding to requests only when you have signed an Authorization of Release of Records.

Your rights regarding your IIHI:

1. You have the right to request that we communicate with you about you health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication you must make a written request specifying the requested method of contact or the location you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for this request.
2. You have a right to request a restriction in our use or disclosure of your IIHI for treatment, payment or healthcare operations and also to only certain individuals involved in your care or the payment for your care. **WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST;** however, if we do agree we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. To make a request you must describe in a clear and concise form:
 - a. The information you wish to restrict
 - b. To whom you want the limits to apply to
 - c. If you are requesting to limit our use, disclosure or both
3. You have a right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not psychotherapy notes. You must request this in writing. We may charge a fee for the cost of copying, mailing, labor and supplies associated with your request.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. You must request this in writing. You must provide us with a reason or proof that supports your request. We may deny your request if you fail to submit your request (and reason or proof supporting your request) in writing or if you ask us to amend information that is in our opinion accurate and complete, not part of your IIHI kept by or for our practice, or not part of the IIHI which you would be permitted to inspect and copy or not created by our practice.
5. You are entitled to a paper copy of our Notice of Privacy Practices. You may ask for a copy of this notice at any time. To receive a copy please call 843-971-1919 and one will be provided or sent to you.
6. 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 our practice contact the office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization we will no longer use your IIHI for the reasons described in the authorization. Please note we are required to retain records of your care.