



## NOTICE OF PRIVACY PRACTICES

**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.**

We care about our patients' privacy and strive to protect the confidentiality of your medical information at Sunny Days Therapeutics. Federal legislation requires that we issue this official notice of our privacy practices. You have the right to confidentiality of your protected health information (PHI), and Sunny Days Therapeutics is required by law to maintain the privacy of that information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to PHI. We also reserve the right to revise the terms of this Notice. Any change we make to this Notice may apply to information we already have about you or any information we may collect in the future.

If you have any questions about this Notice, please contact Sunny Days Therapeutics.

### **Who Will Follow This Notice**

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

### **How We May Use and Disclose Medical Information**

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

- **For Treatment:** We may use or disclose medical information about you to provide you with medical treatment or services.  
**Example:** Your doctor may share PHI about you in the course of ordering lab work or x-rays or when calling in a prescription.
- **For Payment:** We may use and disclose PHI about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party.  
**Example:** We may need to send PHI, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company in order to receive payment.
- **For Health Care Operations:** We may use and disclose medical information about you for health care operations to assure that you receive quality care.  
**Example:** We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

#### **Other Uses or Disclosures That Can Be Made Without Consent or Authorization:**

- **Uses and disclosures required by law:** The use or disclosure of PHI will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- **Regarding matters of public health or safety:** For example, if you have been exposed or are at risk of spreading a communicable disease that must be reported as required by law, PHI may be provided to governmental agencies required by law to have such information. We may also disclose PHI to avoid or reduce a serious threat to the health or safety of a person or the public.
- **To Workers' Compensation:** We may disclose PHI provided to process workers' compensation (or similar programs) claims.
- **To a coroner, medical examiner or funeral director:** We may disclose PHI to a coroner or medical examiner for purposes of determining cause of death or body identification. We may release information to a funeral director so he / she may carry out necessary activities. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- **Regarding abuse or neglect:** We may disclose PHI related to suspected or proven cases of domestic violence or child abuse or neglect to governmental agencies required by law to have such information.
- **For health oversight activities:** These activities include, but are not limited to those related to audits, investigations, and inspections by agencies legally allowed to monitor our operations.
- **As required by the US Food and Drug Administration (FDA):** We may provide PHI to a representative of the FDA in accordance with post-marketing observation of medications, harmful medication events, medical product defects, or in the course of a product recall.
- **Regarding inmates:** If you are an inmate in lawful custody at a correctional facility, we may share your PHI to the correctional facility.
- **Law enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.
- **For research purposes:** We may use and disclose PHI for research purposes if an Institutional Review Board or Privacy Board grants a "waiver of authorization" for the specific research. In the event the particular research does not have a "waiver of authorization" granted, your written consent will be obtained before any research is conducted.
- **For military activity and national security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **In response to a legal proceeding:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your protected health information (PHI).

## Other Uses and Disclosure of PHI About You

- **Appointment Reminders:** We may contact you regarding scheduled appointments for treatment or initiate reminders to schedule future appointments. This communication may be via telephone, written on a postcard, via email, or text message.
- **Information About treatment, services or products:** We may use or reveal PHI to manage your care. This may include telling you about treatments, services, or products that may be of interest to you.

## Special Situations

State and Federal laws require and/or allow that we share your PHI with others in specific situations in which you do not have to give consent, authorize, or have the opportunity to agree or object to the use and disclosure. Prior to disclosing your PHI, Sunny Days Therapeutics will evaluate each request to ensure that only the minimally necessary information will be disclosed. These situations include the following:

- **As required by law.** We will disclose PHI when required to do so by international, federal, state, or local law. For example disclosing immunization records to the National Registry or to schools, daycares, etc.
- **To avert a serious threat to health or safety.** PHI about you may be used or disclosed if it is believed to be necessary to prevent or lessen serious health or safety threats.
- **Business associates.** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. (For example our billing agent) All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than specified in our contract.

## Uses and Disclosures that Require Us to Give You an Opportunity to Agree or Object

**Individuals involved in your care or payment for your care.** Unless you object, Sunny Days Therapeutics may disclose to a member of your family, a relative, a close friend, or any other person that you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief:** Sunny Days Therapeutics may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify your family or friends of your location or condition. We will provide you an opportunity to agree or object whenever we can practically do so.

## Uses and Disclosures of Protected Health Information Requiring Written Authorization

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 authorization. If you give us authorization to disclose medical information about you for a specific situation, that authorization may be revoked **in writing** at any time. Any disclosures that were previously made prior to revoking the previous authorization cannot be reversed.

## Your Individual Rights Regarding Your Medical Information

- **Right to request restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about. 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 emergency treatment or falls under one of the categories previously mentioned (please see "How We May Use and Disclose Medical Information"). Please ask our front desk staff or contact the Privacy Officer regarding any request to restrict PHI disclosure.
- **Right to request confidential communications:** You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent. Requests must be submitted in writing to Sunny Days Therapeutics. Requests must specify how or where you wish to be contacted. We will accommodate all reasonable requests, but we reserve the right to deny a request if it imposes an unreasonable burden on the practice.

- **Right to inspect and copy:** You may see and receive a copy of your PHI kept in our clinical or billing records used to make decisions about you. We may charge you a reasonable fee for copies and processing, unless the information is for a claim for benefits under the Social Security Act or any other state or federal needs-based program. To inspect or copy this PHI, you must make your request in writing to Sunny Days Therapeutics. We have up to 30 days to make your PHI information available to you. We may deny your request in certain limited circumstances. If we do deny access, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial, and we will comply with the outcome of the review.
- **Right to request amendments of PHI:** You may request that the PHI that we keep about you be changed. We may turn down your request if we did not create the information, or if we believe the information is correct. If we turn down a request, we will write to you and describe your rights for further review. If we agree to a change, we will make every effort to share with any persons who may have received PHI about you that needs changing.
- **Right to a listing of disclosures made:** You may request a list of the persons or places that PHI about you was revealed to for up to the last six (6) years. This does not include information revealed before April 14, 2003 or those related to your treatment, payment, our health care operations, and those allowed by law. Ask the front desk staff or contact the Privacy Officer as described below to request a listing of disclosures.
- **Right to a copy of this notice:** You may request a copy of this Notice at any time. This will be on hand on our website or you may contact Sunny Days Therapeutics as described below. We reserve the right to change the terms of this Notice and make the new provisions effective for all PHI that it maintains. If we revise this Notice, a copy will be made available to you upon request.
- **Out-of-pocket payments:** If you paid out-of-pocket in full for a specific item or service (meaning you have requested that we not bill your health plan), you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **You have the right to receive notice of a security breach.** Effective September 23, 2013, we are required to notify you if your PHI has been breached. The notification will occur by first class mail within 60 days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of PHI. The notification requirements under this section apply unless we can demonstrate that there is a low probability that your PHI has been compromised. The notice will contain the following information: 1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; 2) the steps you should take to protect yourself from potential harm resulting from the breach; and 3) a description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches. Not every impermissible use or disclosure of PHI constitutes a reportable breach. To determine if a disclosure poses more than a low probability that PHI has been compromised, we will consider the following factors: 1) the extent of the PHI involved; 2) who received or used the information; 3) whether the information was actually acquired or viewed; and 4) the extent to which the risk to the PHI has been mitigated.
- **Right to an Electronic Copy of Electronic Medical Records:** If your protected health information (PHI) is maintained in an electronic format (known as electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format.

**Changes to this Notice:** Sunny Days Therapeutics reserves the right to change this notice and make the new notice apply to Protected Health Information we already have, as well as any information we receive in the future. We will post a copy of our current notice at our office. This notice will contain the effective date on the bottom left-hand corner of each page. If changes are made to the Notice, we will:

- Post the new Notice in our check-in area

- Have copies of the new Notice available upon request.
- Post the new Notice on our website at [www.sunnydaystherapeutics.com](http://www.sunnydaystherapeutics.com)

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint **in writing** to:

**HIPAA Compliance Officer: Amber Buchanan, Practice Administrator**  
**Sunny Days Therapeutics**  
**105 Westpark Drive Suite D**  
**Athens, Ga. 30606**

You may also register a complaint with the Secretary of the United States Department of Health and Human Services. **All complaints must be submitted in writing.**

*You will not be penalized or discriminated against by us for filing a complaint.*