



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Revision Date: May 17, 2011

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.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

Metropolitan Urological Specialists, P.C. providers (collectively referred to as “we” or “our”) respect the confidentiality of your health information and recognize that information about your health is personal. We are required by law to protect the privacy of your protected health information and to inform you of your legal duties and your rights regarding such information. This notice explains how, when and why we typically use and disclose health information and your privacy rights regarding your health information. Our uses and disclosures of health information are referred to in this Notice as “Privacy Practices.” We are required to comply with this Notice. This Notice is effective on April 14, 2003 and remains in effect until further notification.

Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of or payment for that health care.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your protected health information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. There are situations, however, in which we may use and disclose your health information without your authorization. Many of these uses and disclosures will occur with your treatment, for payment of health services or for other health care operations. There are additional situations, however, where the law permits or requires us to use and disclose your health information without your authorization. Specifically, we may use and disclose your protected health information as follows:

For Treatment, Payment and Health Care Operations

1. **For Treatment:** We may use and/or disclose your protected health information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.
2. **For Payment of Health Services that You Receive:** We may use and/or disclose your protected health information to bill and receive payment for health services that you receive from us. For example, we may provide your health information to our billing department or clearinghouse to prepare a bill or

statement to send to your insurance company, including Medicare or Medicaid, or another group or individual that may be responsible for payment of your health services.

3. **For Health Care Operations:** We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, legal compliance reviews, business management, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.
4. **For Another Provider's Treatment, Payment or Health Care Operations:** The law also permits us to disclose your protected health information to another health care provider involved with your treatment to enable that provider to treat you and get paid for those services as well as for that provider's health care operation activities involving quality reviews, assessments or compliance audits.

For Permitted or Required by Law Activities

There are situations where we may use and/or disclose your health information without first obtaining your written authorization for purposes other than for treatment, payment, or health care operations. Except for the specific situations where the law requires us to use and disclose information (such as reports of birth to the health department or reports of abuse or neglect to social services), we have listed all these permitted uses and disclosures in this section.

1. **Disaster Relief:** Medical information with a public or private organization or person who can legally assist in disaster relief efforts.
2. **Research in Limited Circumstances:** Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.
3. **Funeral Director, Coroner, Organ Donation and Medical Examiner:** To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.
4. **Specialized Government Functions:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situation, and for government programs providing public benefits.
5. **Court Orders, Judicial and Administrative Proceedings:** We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
6. **Public Health Activities:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

7. **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.
8. **Worker Compensation:** We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.
9. **Health Oversight Activities:** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
10. **Law Enforcement:** Under certain circumstances, we may disclose health information in response to a law enforcement official's request for information to identify or locate a victim, a suspect, a fugitive, a material witness or a missing person, or reporting deaths, crimes on our premises, and emergencies.
11. **To Avoid Harm to a Person or for Public Safety:** We may use and disclose health information if we believe that the disclosure is necessary to prevent or lessen a serious threat or harm to the public or the health or safety of another person.
12. **For Appointment Reminders and to Inform You of Health Related Products or Services:** We may use or disclose your health information to contact you for medical appointments or other scheduled services, or to provide you with information about treatment alternatives or other health-related products and services.
13. **For Fund Raising Purposes:** We may use or disclose demographic information, including the dates that you received health care from us, to contact you to raise funds for us or to continue or expand our health care activities. If you do not wish to be contacted a part of fundraising efforts, please contact the Privacy Officer listed at the end of this Notice.

When your Preferences will Guide Our Use or Disclosure

While the law permits certain uses and disclosures without your authorization, the law also provides you with an opportunity to inform us of your preference, in certain limited situations, concerning the use or disclosure of your health information. For these limited uses and disclosures, we may simply ask and you may simply tell us your preference concerning the use or disclosure of your health information. These limited situations include the information, if any, given to family or friends. Unless you tell us otherwise prior to a discussion or if your situation appears to permit us, we may disclose to a family member, other relative or close personal friend health information concerning your care, including information concerning payment for your care.

All Other Uses and Disclosures Require Your Prior Written Authorization

For situations not generally described in our Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your health information. Information previously disclosed, however, will not be requested to be returned nor will your revocation affect any action that we have already taken. In addition, if we collected the

information in connection with a research study, we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

This portion of our Notice describes your individual privacy rights regarding your health information and how you may exercise those rights. To exercise any of these rights, please send a written request to the Privacy Officer listed at the end of this Notice.

Inspecting and Obtaining Copies of Your Health Information: You may ask to look at and obtain a copy of your health information. You must make your request in writing. We may charge a fee for copying or preparing a summary of requested health information. We will respond to your request for health information within 30 days of receiving your request unless your health information is not readily accessible or the information is maintained in an off-site storage location.

Requesting an Accounting of Disclosures of Your Health Information: You may ask, in writing, for an accounting of certain types of disclosures of your health information. However, the law does not require that we agree to provide you with an accounting regarding, for activities related to our health care operations, or where you provided your written authorization to the disclosure. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

Requesting Restrictions of Certain Uses and Disclosures of Health Information: You may request, in writing, a restriction on how we use or disclose your protected health information for your treatment, for payment of your health care services, or for activities related to our health care operations. You may also request a restriction on what health information we may disclose to someone who is involved in your care, such as a family member or friend. ***We are not required to agree to your request.*** Additionally, any restriction that we may approve will not affect any use or disclosure that we are legally required or permitted to make under the law, including our facility directory.

Requesting Confidential Communications: You may request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice. We will accommodate your reasonable request, but in determining whether your request is reasonable, we may consider the administrative difficulty it may impose on us.

Requesting a Change in Your Health Information: You may request, in writing, a change or addition to your health information. The law limits your ability to make changes or additions to your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the health information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

Obtaining a Notice of Our Privacy Practices: If you have received this notice electronically, and wish to receive a paper copy, you may request at any of our offices. You may also view or obtain a copy of this Notice at our website: www.metrourology.net.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice concerning our Privacy Practices affecting all the health information that we now maintain, as well as information that we may receive in the future. We will provide you with the

revised Notice by making it available to you upon request and by posting it at our services sites. We will also post the revised Notice on our website.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think we may have violated your privacy rights, please contact the Privacy Officer at (314) 744-3085. We do take all patient complaints seriously and will make every attempt to handle your complaint in an efficient and timely manner. If you are not satisfied with our handling of this complaint, you may submit a written complaint to the U.S. Department of Health and Human Services.

YOU WILL NOT BE PENALIZED OR RETALIATED AGAINST FOR FILING A COMPLAINT

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