

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS  
INFORMATION.  
PLEASE READ IT CAREFULLY.

**Privacy Notice of:**

**Robert D. Craig, M.D., Inc.**

Effective Date: April 14, 2003  
Addendum Date: August 16, 2006 \*

1. Our commitment;

(a) Use and Disclosure of Protected Health Information (PHI)

We will not use or disclose your PHI other than to perform Services for you, as otherwise expressly permitted by the terms of this notice, or as required or permitted by law; provided, however, that we may use and disclose your PHI for: (i) treatment and/or services, (ii) payment, and (iii) for healthcare operations.

Treatment Example: We will release information to another physician involved in your care or to arrange for laboratory or diagnostic testing.

Payment Example: We will release the minimum information necessary to your insurance company upon request to process your claim

Operations Example: We will release information about you to another physician that you have been referred by or have an established relationship without written authorization.

We will contact the patient to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to the individual.

We may use and disclose your medical information in the following instances. You will have the opportunity to agree or object to the use or disclosure, if you are not present or able to agree or object, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. Only the medical information that is relevant to your health care will be disclosed.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

\* Addendum: As of date, retention of medical records was increased from seven to ten years.

### (b) Authorizations

We will require a patient's written authorization for release of PHI unless it is for; public health activities, abuse or neglect victims or decedents, to avert serious threat of health or safety, government entities regarding abuse or neglect, judicial and administrative proceedings, law enforcement purposes, coroners or medical examiners, or disclosure for workers' compensation.

You have the right to revoke any authorization in writing by seeing our Privacy Officer, the Business Manager, for instructions.

### (c) Safeguards

We represent and warrant that we will develop and implement appropriate safeguards to prevent the use or disclosure of your PHI for purposes other than as set forth in this notice. We will provide to you, upon your request, such information concerning such safeguards as you may request.

### (d) Access to Records

You may request a review and/or copy of your record upon written request, and our office will have up to 30 days to reply to the request. This office retains records for ten years after last treatment date or for minors until age 23, whichever is later, after such time records are destroyed.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administration action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have the right to have the denied access reviewed.

### (e) Amendment to PHI

You have the right to view your PHI, and make a request to amend such PHI upon such written request. We obtain the right to accept or refuse such request, and our determination will be given to you in writing within 60 days, and with accepting the request, the date of such amendment will be duly noted and provided to other parties that have the incorrect record.

### (f) Non-Disclosure Requests

You have the right upon written request for restrictions on use/disclosure of PHI for treatment, payment, or operations, or to individuals involved in patient's care. We obtain the right to deny any such request, but if request is granted we will honor such request. Please see our Privacy Officer, the Business Manager, for instructions.

### (g) Accounting of Disclosures

In fulfillment of our obligations under 45 CFR 164.528, we will maintain a record of all disclosures of your PHI within the past 6 years made for reasons other than the provision of the services and will provide the following information regarding and such disclosure to you upon your written request within 60 days:

- (i) The date of such disclosure;
- (ii) The name and, if known, the address of the recipient of such PHI;
- (iii) A copy of the request for disclosure, if any, accompanied by any necessary consents or authorizations;
- (iv) A brief description of the PHI disclosed; and
- (v) A statement of the purpose of the disclosure.

We agree to notify you immediately upon discovery of any unauthorized disclosure of your PHI.

You are entitled to one free accounting per year of disclosures. If more than one accounting is requested by you there will be a processing fee as determined by state regulations.

#### (h) Disclosure to Workforce and/or Third Parties

We agree to require our employees, agents, and independent contractors (“Workforce”) to adhere to the restrictions and conditions regarding your PHI in this Section, including, without limitation, the following:

- (i) We agree not to disclose your PHI to any member of our Workforce, unless we have advised such person of our obligations under this Section and the consequences of a violation of these obligations. We agree to take disciplinary action against any member of our Workforce that uses or discloses your PHI in violation of this Section.
- (ii) We will not disclose your PHI to any third party without first obtaining your written or verbal approval and without first obtaining the written agreement of such third party to be bound by the requirements of this notice for the express benefit of both of us.
- (ii) Any use of your PHI by our Workforce for disclosure of your PHI to our Workforce or to third parties will be limited to the minimum amount of your PHI necessary to achieve the purpose for such use or disclosure.

#### (i) Government Access to Records

We agree to make out policies, books, and records relating to the use and disclosure of PHI, in general, available to the Secretary of the U.S. Department of Health and Human Services or his or her designee to determine compliance.

#### (j) Disposition of Records upon Termination

We agree to keep your PHI for a total of ten years after the last treatment date, for minors until age 23, after such time the PHI in the records are destroyed.

#### (k) Violations of Records

If you believe that your privacy rights have been violated, you have the right to file a complaint to us at (314) 567-4868 or at 777 South New Ballas Road, Suite 320E, St. Louis, MO 63141, or to the Department of Health and Human Services at (877) 696-6775 or <http://dhhs.gov>. You are protected from retaliation for any and all complaints you make. You may contact our Privacy Officer, the Business Manager, for further instructions.

We reserve the right to make changes to our privacy practices and may make those changes effective for protected health information that it created or received prior to the effective date of this notice.

If hereafter the effective date of this notice any additional changes are made to these privacy practices they will be posted in our office as well as distributed to patients upon returning for service.

If you have any questions regarding this Notice please contact the Business Manager, Privacy Officer at (314) 567-4868 or in writing at 777 South New Ballas Road, Suite 320E, St. Louis, MO 63141.