## IVY FAMILY MEDICINE, PLC NOTICE OF PRIVACY PRACTICES

Ivy Family Medicine, PLC will be referred to as "IFM" for the purposes of this policy. "Protected Health Information" will be referred to as "PHI" for the purposes of this policy.

This notice contains important information about our privacy practices which were revised pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and related regulations. This notice describes how your PHI may be used and disclosed. The terms of this policy pertain to all records that contain your PHI or are created by IFM. We reserve the right to amend, revise or otherwise modify this policy. Any changes will apply to the entire medical record.

Your medical records are the property of IFM. We are required to maintain records of your care while a patient at IFM. IFM is required by law: to maintain the confidentiality of your medical information, to provide you with this notice of our legal duties and privacy practices concerning your medical information called Notice of Privacy Practices, and to follow the terms of our Notice of Privacy Practices in effect at the time.

IFM may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. IFM may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. IFM may disclose to a person identified as your emergency contact 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, IFM may disclose such information if it is felt to be in your best interest. IFM will use or disclose medical information about you when required by applicable law.

IFM will report suspected or documented child abuse or neglect. IFM will notify appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient including domestic violence. IFM will only disclose this information if the patient agrees or when required or authorized by law to disclose this information. If such disclosure is made, you will be informed.

IFM will disclose your PHI if needed to prevent or diminish any threat to the health or safety of yourself or any other individual. IFM may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. IFM may disclose your PHI for public health activities.

IFM will disclose your PHI when required to by law. . IFM will use and disclose your medical information in response to a court or administrative order, discovery request, subpoena, or other lawful process.

In the event of your death, IFM may release medical information to a coroner, medical examiner, or to organizations that handle organ and tissue procurement, banking or transplantation.

IFM will disclose your medical information if you are a member of the U.S. or foreign military forces if required by the appropriate military command authorities. IFM will disclose your medical information to federal, state or local officials for intelligence and national security activities when required by law. IFM will disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. IFM will release your medical information for your workers' compensation and disability claims and similar program to appropriate agencies.

If you have any questions regarding this policy, please contact us at (434) 202-7830.

Any authorization you provide to u	s regarding the use and disclosure o	f your medical information may	be revoked at any
time in writing by sending a written	, signed and dated request to IFM.	·	-

Signature and Date Signed	Printed Name