



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect January 1, 2009 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. For more information about our privacy practices or additional copies of this Notice, please visit www.thekarisgroup.com/privacy.html.

USES AND DISCLOSURES OF HEALTH INFORMATION

Use: We use and disclose health or financial information about you to health providers, your benefit plan and your family, personal representative or another person responsible for your care or finances to mediate financial resolution of your bills with healthcare providers. For example: We may use or disclose your health or financial information to a healthcare provider to verify your account balance.

In addition to our use of your health or financial information for the purpose described above, you may give us written authorization to use your health or financial information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health or financial information for any reason except those described in this Notice. You have the right to request restrictions on disclosure to family members, other relatives, close personal friends, or any other person identified by you.

Medical Information Release Form (MIRF): When we expect to use or disclose your health or financial information for the purposes described above, we will request that you, or a responsible party in the case of a minor, sign a [Medical Information Release Form](#) provided by us.

Marketing: We will not use your health, financial or contact information for marketing communications. We will not sell or transfer your personally identifiable health, financial or contact information to any unaffiliated third party.

Required by Law: We may use or disclose your health or financial information when we are required to do so by law.

Abuse or Neglect: We may disclose your health or financial 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 disclose your health or financial information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.



National Security: We may disclose to military authorities the health or financial information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health or financial information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health or financial information of inmates or patients under certain circumstances.

Correspondence: We may contact you to provide you information about our work on your behalf via voicemail, email, fax or letter.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by contacting our office. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter. If you request copies, there may be a charge for time spent. If you request an alternate format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us for a full explanation of our fee structure.

Disclosure Accounting: You have a right to receive a list of instances in which we disclosed your health information for purposes other than the services described in the Use paragraph above and certain other activities for the last six years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health or financial information. We are required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency).

Alternative Communication: You have the right to request that we communicate with you about your health or financial information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location.

Amendment: You have the right to request that we amend your health or financial information. (Your request must be in writing, and it must explain why the information should be amended). We may deny your request under certain circumstances.

Questions and Complaints: If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may send a written complaint to our office or to the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.