# 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.*

## 1. PATIENT PRIVACY

Safeguarding patient privacy is a priority at Lamprey Health Care (LHC). We follow strict federal and state guidelines to maintain the confidentiality of protected health information (PHI). We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices and to abide by the terms of this Notice or other Notice in effect at the time of use of your information.

## 2. HOW DO WE USE YOUR MEDICAL INFORMATION

When you visit Lamprey Health Care, we use your health information to treat you, to obtain payment for services, and to conduct normal business known as health care operations. We do not need your permission to share this information. Examples of how we use your information include:

A. Treatment: We use and disclose PHI to provide treatment and other services to you for example, to diagnose and treat your injury or illness. In addition, we, or one of our Business Associates, may contact you to provide information about treatment alternatives that may interest you. We may disclose PHI to other providers involved in your treatment. We also may use and disclose health information to reach you about appointment reminders and other matters. We may contact you by mail, telephone, or email. We may leave voice messages at the telephone number you give us and we may respond to your email.

B. Payment: We may use and disclose PHI to obtain payment for services that we provide to you. For example, for payment from your health insurer, or other company that pays the cost of your health care.

C. Health Care Operations: We may use and disclose PHI for our health care operations, which include various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose PHI to our Site Directors, Chief Medical Officer, and/or Chief of Clinical Services in order to resolve any complaints.

## 3. BUSINESS ASSOCIATES

We may sometimes disclose PHI to organizations or individuals that assist us in performing some Health Care Operations. For example, we have a business associate contract with our record storage company and for shredding services. Our agreements with these “Business Associates” provide for continued privacy protection of that protected health information.

## 4. INFORMATION WE MAY SHARE WITHOUT YOUR WRITTEN PERMISSION

On a limited basis we are permitted or required to disclose health information without your written permission. These situations are described below:

A. Disclosure to Relatives, Close Friends and Other Caregivers: We may use or disclose certain relevant PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. If you object to such uses or disclosures, please notify the Medical Team or Provider. If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information, we would disclose only information that is directly relevant to the person’s involvement with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition or death. If you object to such uses or disclosures please notify the Privacy Officer.

B. Public Health Activities: We may disclose PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration, (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work- related illnesses and injuries or workplace medical surveillance.
C. Victims of Abuse, Neglect or Domestic Violence: If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
D. Health Oversight Activities: We may disclose PHI to government oversight agencies for activities as authorized by law, including, for example, audits, investigations, inspections and licensure.
E. Judicial and Administrative Proceedings: We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
F. Law Enforcement Officials: We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
G. Decedents: We may disclose PHI to a coroner or medical examiner or funeral director as authorized by law.
H. Organ and Tissue Procurement: We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
I. Research: We may use or disclose PHI without your consent or authorization if an Institutional Review Board/ Privacy Board approves a waiver of authorization for disclosure.
J. Health or Safety: We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
K. Specialized Government Functions: We may use or disclose PHI to units of the government with special functions, such as the U.S. Military or the U.S. Department of State , to National Security and Intelligence Agencies and for protective services for the President and others.
L. Worker's Compensation: We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
M. As Required By Law: We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.
N. Fundraising:We may contact you for fundraising purposes, however you have the right to opt out of receiving these types of communications.

**5. USE AND DISCLOSURES REQUIRING YOUR WRITTEN PERMISSION**

A. Use or Disclosure with Your Authorization For any purpose other than the ones described in Section 4, we will only use or disclose your PHI when you give us your written permission. Release of PHI for marketing purposes and the sale of PHI requires your written permission.
B. Uses and Disclosures of Your Highly Confidential Information: Federal and State law require special consent for disclosure of certain sensitive information about you including: Drug and alcohol abuse treatment, Psychiatry treatment, HIV/AIDS testing, Sexually Transmitted Disease testing, and Genetic testing.

## 6. YOUR HEALTH INFORMATION RIGHTS

A. Right to Request Restrictions: You have the right to ask that we limit how we use or disclose your PHI. You may also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We are required to agree to your request only if: (1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and (2) your information pertains solely to health care services for which you have paid in full. For other requests 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.

B. Right to Receive Confidential Communications: You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

C. Right to Inspect and Copy Your Health Information: You may request access to your medical and billing records maintained by us in order to inspect and request copies of the records, including in an electronic format. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you desire access to your records, please obtain a record request form. Allow 30 days for record requests and 60 days for a record amendment. If you request copies, a fee may apply as allowed by New Hampshire RSA 332-I:1 Medical Records.

D. Right to Revoke Your Authorization: You may revoke Your Authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer.

E. Right to Amend Your Records: You have the right to request that we amend PHI maintained in your medical and billing records. If you desire to amend your records, please obtain an amendment request form from the Medical Records Department. All requests for amendments must be in writing. We will review your request to amend your PHI and respond within 60 days.

F. Right to Receive an Accounting of Disclosures: Upon written request, you may obtain an accounting of certain disclosures of PHI for the preceding six years.

G. Right to Receive Paper Copy of this Notice: Upon written request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

H. Right to Breach Notification: We are required by Federal Law to notify you of a breach of your PHI. This notification will be sent to you in writing and describe the details of the breach. This notice will also contain contact information so that you may ask questions about the breach.

## 7. FURTHER INFORMATION: COMPLAINTS

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer. You may also send a written complaint to the US Department of Health and Human Services. The Privacy Officer can supply you with the address upon request. We will not discriminate against you for filing a complaint.

**EFFECTIVE DATE**

This notice is effective on April 14, 2003.
Updated September 2013.
Updated June 28, 2016.
Updated July 10, 2019.
Updated November 27, 2024

**8. RIGHT TO CHANGE TERMS OF THIS NOTICE**

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in waiting areas of the Practice and on our website at https://www.lampreyhealth.org You may also obtain any revised notices by contacting the Privacy Officer

**PRIVACY OFFICER**

You may contact the Privacy Officer at:
207 South Main Street
Newmarket, NH 03857
Tel (603) 244-7329

A copy of this Notice of Privacy Practices is located at https://www.lampreyhealth.org under the section titled Patient Resources - Health Center Policie

# Acknowledgement of Notice of Privacy Practices

**Acknowledgement**
I acknowledge that I have been offered the opportunity to review and receive a copy of the Notice of Privacy Practices, which explains how my medical information will be used and disclosed.

**Consent And Authorization**
I do hereby consent and authorize Lamprey Health Care to release all information contained in my financial, medical, and contact records, including diagnoses and test results, to my insurance company or health plan, their agents and independent contractors, to third party business associates that supply goods or services to this office, where such goods/services require access to such information, or to any other person or entity that is responsible for paying or processing payment, of any portion of my bill, for the purposes of administration, billing and quality and risk management. This consent applies to all records created in the course of and relating to my treatment and for the purpose of reimbursement for treatment.

**Right To Terminate Or Revoke Authorization**
- I understand I have the right to revoke this authorization in writing at any time.
- I understand the revocation will NOT apply to information that has already been released.
- The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that this authorization will expire in one year from today.
- I may request to inspect or copy any information used or disclosed under this agreement.

**Acceptance Of Privacy Practices**
Initial Here*. _____
I have read the above and authorize the disclosure of the protected health information as stated.

Your relationship to the Patient?