

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

Coroners, Medical Examiners, and Funeral Directors We may release PHI to a coroner or medical examiner. We may also release health information about patients to funeral directors so they may carry out their duties.

Health Oversight Activities. We may disclose information to federal or state government agencies to oversee our activities.

Law Suits & Disputes If you are involved in a law suit or dispute, we may disclose your PHI subject to certain limitations.

Required by Law Enforcement We may release health information about you if asked to do so by law enforcement in response to a court order, subpoena, warrant, summons, or similar process. We also may disclose information to identify or locate a suspect, fugitive, material witness, or missing person. In addition, we may disclose information about a crime victim or about a crime we believe may be the result of criminal conduct. In emergency situations, we may disclose PHI to report a crime, to help locate the victims of the crime, or to identify/describe/locate the person who committed the crime.

National Security. We may disclose PHI to authorized officials for national security or other related purposes such as protecting the President of the United States or other heads of state, for conducting intelligence operations.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement, we may release PHI about you to the correctional facility or law enforcement officials. This disclosure would be necessary for the institution to provide you with health care; to protect your health and safety and the health and safety of others; or for the safety and security of the correctional institution.

To Avoid Harm. As permitted by law and legal conduct, we may use or disclose protected health information if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.

To Employers if We are Engaged by Your Employer In accordance with applicable law, we may disclose your PHI to your employer if we are retained by your employer to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. If these disclosures apply, you will be notified of these disclosures by us or your employer.

Other Uses of Your Health Information. Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your permission in a written authorization, including uses and/or disclosure of psychotherapy notices (where appropriate); for certain marketing purposes; and/or for the sale of PHI. You have the right to revoke the authorization at any time, provided the revocation is in writing, except if we have already taken action in reliance on your authorization.

Note HIV-related information, genetic information, alcohol and/or substance abuse records, mental health