Nancy K. Lonsdorf, M.D., P.C.

Notice of Privacy Practices

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

Understanding Your Health Record/Information:
Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights:
Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. The information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health record. This includes the right to obtain a paper copy of the Notice of Privacy Practices upon request, inspect, and obtain a copy of your health record (for which a nominal fee will be due), obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, and revoke your authorization to use or disclose health information, except to the extent that action has already been taken. We only release copies of the medical record that we created, unless there is a specific and special request for other records and materials to be sent.

Our Responsibilities:
The office of Dr. Nancy Lonsdorf is required to maintain the privacy of your health information. In addition, we must provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice on Dr. Lonsdorf’s website. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information Or To Report a Problem:
If you have questions and would like additional information, you may contact our Office Manager at 641-469-3174 or healthoffice@drlonsdorf.com. If you believe your privacy rights have been violated, you can file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples Of Disclosures For Treatment, Payment, And Health Operations
We will use your health information for treatment. For example: Information obtained by healthcare
providers in this office will be recorded in your record and used to determine the course of
treatment that should work best for you. By way of example, your physician will document in
your record their expectations of the members of your healthcare team. Members of your
healthcare team will then record the actions they took and their observations. We will also provide
your other practitioners with copies of various reports that should assist them in treating you.

*We will use your health information for payment.* For example: A bill may be sent to you or a third-
party payer. The information on or accompanying the bill may include information that identifies
you, as well as your diagnosis, procedures and supplies used. Your information may be given to a
collection agency as part of our collections process. A collection agency is considered a Business
Associate (see below).

*We will use your health information for regular health operations.* For example: The doctors in this
office or members of their healthcare team may use information in your health record to assess the
care and outcomes in your case and others like it. This information will then be used in an effort
to continually improve the quality and effectiveness of the healthcare and service we
provide.

*Business Associates:* There may be some services provided to the medical practice of Dr. Nancy
Lonsdorf through contracts with Business Associates. Examples include physician services in the
emergency department and radiology, certain laboratory tests, and a copy service we may use
when making copies of your health record. When these services are contracted, we may disclose
some of all of your health information to our Business Associate so that they can perform the job
we've asked them to do. To protect your health information, however, we require the Business
Associate to appropriately safeguard your information.

*Notification:* We may call you at home or work to remind you about future appointments, or to
discuss or leave messages about your medical condition (e.g. to discuss laboratory or radiology
results or the results of consultations with other physicians). You may restrict where, when or by
which method we contact you. It is nevertheless important for you to understand that there could
be a negative impact on your health if our ability to contact you is limited. In an emergency, we
reserve the right to contact you by any available means.

We may use or disclose information to notify or assist in notifying a family member, personal
representative, or another person responsible for your care, your location, and general condition.

*Communication with family:* Health professionals, using their best judgement, may disclose to
a family member, other relatives, close personal friends or any other person you identify, health
information relevant to that person's involvement in your care or payment related to your
care.

*Research:* We may disclose information to researchers when an institutional review board that
has reviewed the research proposal, and established protocols to ensure the privacy of your health
information has approved their research.

*Funeral directors:* We may disclose health information to funeral directors consistent with
applicable law to carry out their duties.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health
information to organ procurement organizations or other entities engaged in the procurement,
banking, or transplantation of organs for the purpose of tissue donation and transplant

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fund raising:** We may contact you as part of a fund-raising effort.

**Food and Drug Administration (FDA):** As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

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**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with tracking birth and deaths, as well as with preventing or controlling disease, injury, or disability.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Notice of Privacy Practices Availability:** This notice will be kept available on Dr. Lonsdorf’s website. A hard copy or email of the document is available upon request.

**Office Operations:** In the daily course of our work, your medical folder may be on a desk or shelf in order that certain actions may be taken to care for you. At those times, your name may be visible along with brief notes about the nature of contemporaneous actions. We do our best to limit private information and we minimize exposure to other patients and the public, but it is possible that others in the office may see your name on a file in the course of our work. All electronically stored health data is stored in a password protected computer device or online at a HIPAA approved, encrypted and password-protected site.

Effective Date: January 2006, updated September 9, 2015.