

# You. Designer Health, LLC - 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 CAREFULLY.

## PROTECTING YOUR PRIVACY

Protecting your privacy and your medical information is at the core of our business. We recognize our legal and ethical obligation to keep your information secure and confidential whether on paper or in an electronic form. At You. Designer Health, LLC privacy is one of our highest priorities.

## HOW WE MIGHT USE YOUR MEDICAL INFORMATION

We will use your medical information for providing treatment, such as by looking at your paper or electronic records to use your medical history for current treatment; and/or for payment, such as when a payer requests copies of your medical information to pay a claim; and/or for healthcare operations, such as for internal auditing. We may contact you to help provide you with information concerning your health. We may also contact you using an automated system to remind you of an upcoming appointment, taking care to not reveal any of your medical information. You have the right to ask us not to contact you using this method.

## KEEPING YOUR INFORMATION

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and handle your information with care. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established policies and procedures and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

## WORKING TO MEET YOUR NEEDS THROUGH INFORMATION

In the course of doing business, we collect and use various types of information, like name and address and specific claims information such as your diagnosis. We use this information to provide service to you, to process your claims and to bring you health information that might be of interest to you and help you stay healthy.

## KEEPING INFORMATION ACCURATE

Keeping your health information accurate and up-to-date is very important. You have the right to inspect and copy your medical information. If you believe the health information we have about you is incomplete, inaccurate or not current, please contact our Privacy Officer who can be reached at the telephone numbers or addresses listed below. Although we reserve the right to disagree with your request, we will take appropriate action to correct any erroneous information as quickly as possible through established policies and procedures.

## HOW AND WHY INFORMATION IS SHARED

We limit who receives information and what type of information is shared. Patient-specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know (other physicians, hospitals and other entities directly or indirectly involved in your health care), or with your authorization. Data is released with the condition that the person receiving the data will not release it further, unless you give permission.

## SHARING INFORMATION WITHIN CORNERSTONE UROLOGY, PLLC

We may share information within our company to deliver you health care services and related information, appointment reminders and educational programs.

## SHARING INFORMATION WITH COMPANIES THAT WORK FOR US

To help us offer you our services, we may share information with companies that work for us, such as claim processing and billing companies. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.



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## NOTIFICATION OF FAMILY AND OTHERS

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

## YOUR RIGHTS

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We are required by law to release your personal medical information to your legal representative, the Secretary of Health and Human Services as necessary to make sure your privacy is protected, for public health activities (such as reporting disease outbreaks) or as otherwise required by law. If we receive a subpoena or similar legal process demanding release of any information about you, we will attempt to notify you unless we are prohibited from doing so. Except as required by law or as described above, we do not share information with other parties, including government agencies without your authorization.

Except as mentioned above, you may place restrictions on certain uses and disclosures of your health information. You may revoke your authorization to disclose your medical information at any time. You have the right to ask for a complete accounting of disclosures that were not authorized or otherwise permitted as listed above.

*You. Designer Health, LLC does not share any customer information with third-party marketers who offer their products and services to our patients.*

We are required by law to maintain the privacy of your medical information and to provide you with this notice of our legal duties and responsibilities. You may request a copy of this notice at any time. We are required by law to follow the terms of this notice. We reserve the right to change and amend our notice of privacy and to make the new notice of privacy effective for all of our medical information. If you believe your privacy rights have been violated, you have the right to contact us at the number on the bottom of the back of this form and/or to contact the Secretary of Health and Human Services, Office of Civil Rights, by phone, 1-877-696-6775 or by mail, 200 Independence Ave. SW, Washington, DC 20201. There will be no retaliation for filing your complaint.

**For questions/concerns regarding the privacy of your medical information please contact our Privacy Officer; Magen Thetford, by phone: (806) 401-0460 or by mail: You. Designer Health, LLC , 4216 102nd St. Lubbock, TX 79424.  
6/10/2014**

**PRIVACY POLICY:** *We will not release your records to anyone without your written consent. Coordinated care by your chosen practitioners will always be done with respect for your personal privacy and confidentiality.*

I, \_\_\_\_\_, have read and understand the above fees & guidelines for the program.

