

LORI G. POLACEK, M.D. INC. 1524 ATWOOD AVENUE, JOHNSTON, R.I. 02919

This notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review carefully

NOTICE OF INFORMATION PRACTICES

1. **Lori G. Polacek, M.D., Inc.** may use and disclose protected health information for treatment, payment and healthcare operations. Examples of these include, but are not limited to, request preschool, life insurance, or sports physicals, referral to nursing homes, foster care homes, home health agencies and/or referral to other providers for treatment. Payment examples include, but are not limited to insurance companies for claims including coordination of benefits with other insurers or collections agencies. Healthcare operations include, but are not limited to internal quality control and assurance including auditing of records.
2. **Lori G. Polacek, M.D., Inc.** is permitted or required to use or disclose protected health information without the individuals written consent or authorization in certain circumstances. Two examples of such are public health requirements or court order.
3. **Lori G. Polacek, M.D., Inc.** will not make any other use or disclosure of a patient's protected health information without the individuals authorization. Authorization must be written.
4. **Lori G. Polacek, M.D., Inc.** may at times contact the patient to provide appointment reminders or information regarding treatment alternatives or other health related benefits and services that may be of interests to the individual patient.
5. **Lori G. Polacek, M.D., Inc.** will abide by the terms of this notice or the notice currently in effect at the time of disclosure.
6. **Lori G. Polacek, M.D., Inc.** reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains.
7. **Lori G. Polacek, M.D., Inc.** will provide each patient with a copy of any revisions of its Notice of Information Practices at the time of their next visit. Copies also may be obtained any time at our office.
8. Any person/patient may file a complaint to the Practice and the secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice please contact the Privacy Officer at the following number: **Tammy Frazier (401) 331-0202**. All complaints will be addressed.
9. It is **Lori G. Polacek, M.D., Inc.'s** policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.
10. The name, title and telephone number of the person in the office to contact for further information is **Tammy Frazier at (401)331-0202**.
11. The effective date is 4-14-03.