NOTICE OF PRIVACY PRACTICES AT MILES FAMILY MEDICINE

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.

Our Legal Duty
Miles Family Medicine is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices, and notify you following a breach of unsecured PHI. We are required to abide by the terms of this Notice currently in effect.

How We May Use and Disclose Your Health Information
We may use and disclose your PHI without your written authorization for the following primary reasons:

Treatment: To provide, coordinate, or manage your health care and related services. Example: Sharing medical records with a specialist or diagnostic laboratory.

Payment: To bill and collect payment from you, an insurance company, or a third party. Example: Submitting claims containing diagnosis codes to your health plan.

Health Care Operations: To run our practice, improve quality of care, and evaluate staff performance. Example: Internal quality assessments or electronic health record audits or artificial intelligence (AI) processing..

Public Health & Safety: To report disease outbreaks, public health hazards, suspected abuse or neglect, or prevent a serious threat to health or safety.

Law Enforcement & Legal Proceedings: To comply with federal, state, or local laws, court orders, subpoenas, or law enforcement inquiries.

Coroners & Organ Donation: To organ procurement organizations or medical examiners as authorized by law.

Uses & Disclosures Requiring Your Written Authorization
For any purpose not listed above—including marketing communications, the sale of PHI, or releasing psychotherapy notes—we must obtain your explicit written permission. You may revoke an authorization in writing at any time.

Your Rights Regarding Your Health Information
You have the following rights regarding the PHI we maintain about you:

Right to Inspect and Copy: You can request to view or receive an electronic or paper copy of your medical and billing records.

Right to Amend: You may request in writing that we correct or update information in your record if you believe it is incomplete or incorrect.

Right to Request Restrictions: You can ask us not to use or share certain health information for treatment, payment, or operations. (Note: If you pay for a service completely out-of-pocket, you have the right to restrict disclosure of that visit to your health plan).

Right to Confidential Communications: You can request that we contact you in a specific way (e.g., cell phone only or email) or mail items to an alternate address.

Right to an Accounting of Disclosures: You may request a list of certain disclosures we have made of your PHI for reasons other than treatment, payment, or operations.

Right to a Paper Copy: You have the right to receive a paper copy of this Notice at any time upon request, even if you agreed to receive it electronically.

Changes to This Notice

We reserve the right to change our privacy practices and the terms of this Notice at any time. Revised notices will be posted prominently in our waiting room, published on our website, and made available upon request at reception.

Questions and Complaints

If you have questions about this Notice or believe your privacy rights have been violated, you may contact our office directly or file a written complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights.

We will not retaliate or take action against you for filing a complaint.

Miles Family Medicine — Privacy Contact:

Attention: Privacy Officer / Office Management

Practice Site: Miles Family Medicine

HHS OCR Portal: hhs.gov/ocr/privacy