

Notice of Privacy Practices

We Care About Your Privacy

1. Our Pledge Regarding Medical Information

The privacy of our medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. Our Legal Duty

Law Requires Us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. Use and Disclosure of Your Medical Information

This is how we use and disclose medical information. Note: We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

For treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you.

Example: You are in the hospital with a broken leg. You also have diabetes. A number of health care and support staff need to know about your diabetes during your stay:

- The doctor treating you for the broken leg needs to know if you have diabetes because diabetes may slow the healing process.
- The dietitian needs to know about your diabetes to arrange for proper meals.
- The pharmacy needs to know about possible medications that you may need as a diabetic.
- The information about your diabetes may help in diagnostics, testing, and x-ray work.

We may also share medical information about you with your other health care providers to assist them in treating you.

For Payment:

We may use and disclose your medical information for payment purposes.

Example: You are treated in the hospital for a broken leg.

- We may need to give your health insurance plan information about your surgery you received at our organization so that your health plan will pay us or repay you for any surgery that you paid for.
- We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

For Health Care Operations:

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.

Additional Uses and Disclosures:

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes:

Specialized Government Functions:

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situation, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings:

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as court order, warrant or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities:

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse or neglect. We may also disclose your medical information to person subject to jurisdiction of the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading disease or condition.

Victims of Abuse, Neglect, or Domestic Violence:

We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety the health or safety of others. WE may share medical information when necessary to help law enforcement officials capture a person how has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation:

We may disclose health information when authorized and necessary to comply with always relating to workers compensation or other similar programs.

Health Oversight Activities:

We may disclose medical information to an agency providing health oversight for oversight actives authorized by law, including adults , civil administrative, or criminal investigations or proceedings, inspection, licensure or disci;disciplinary actions, or other authorized activities.

Law Enforcement:

Under certain circumstance, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning indemnification and location the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official reporting death, crimes on our premises, and crimes in emergencies.

4. Your Individual Rights**You Have a Right to:**

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about our fee structure.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other then treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or discloser of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency)
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or different location must be made in writing to our Privacy Officer.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may responding a statement of disagreement that will be added to the reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. If you wish to receive a paper copy of this privacy notice, then you have the right to obtain a paper copy by making a request in writing to our Privacy Officer.

Questions and Complaints

If you have any questions about this notice, please ask the receptionist for help or ask to speak to our Privacy Officer you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Heath and Human Services. We will provide you with the address to file your complaint with the U.S. Department Of Health and Human Services. We will not retaliate i n any way if you choose to file a complaint.

*These privacy practices are currently in effect and will remain in effect until further notice.