



NOTICE OF PRIVACY PRACTICES

Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, call and speak to a supervisor.

Right to Get a List of Certain Disclosures of Your Medical Information: You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, call a Supervisor. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on how the Clinic Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations: You have the right to request that the Clinic not make disclosures of your medical information to treat you, to seek payment for care, or to operate the Clinic. In many cases, the Clinic is not required to agree to your request for restriction, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Supervisor and describe your request in detail. However, the Clinic must agree to your request not to disclose to your health plan any medical information about items or services for which you have paid in full, unless such disclosure is required for treatment or by law. If you do not want the Clinic to disclose medical information to your health plan, you must notify us at the time of your registration as well as make immediate arrangements to pay in full for your treatment.

Right to Request Confidential Communications: You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, write to the Supervisor. Upon request, you can also ask to speak with your health care providers in private outside the presence of other patients or family.

Duties of the Clinic: The Clinic is required by law to protect the privacy of your medical information, give you this Notice of Privacy Practices, and follow the terms of the Notice that is currently in effect. The Clinic is also required to notify you if there is a breach of your unsecured medical information.

Which Health Care Providers are Covered: This Notice of Privacy Practices applies to the Clinic and its personnel, volunteers, students and trainees. This Notice also applies to other health care providers when they come to the Clinic to care for patients, such as physicians, physician assistants, therapists, other health care providers who are not employed by the Clinic. However, these other health care providers may follow different practices at their own offices or facilities.

Changes to this notice: From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time by contacting the Clinic.

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.

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within the Clinic and how we may disclose it to others outside the Clinic. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

How will we use and disclose your medical information? Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, and others involved in your care.

For example, we will allow your primary care physician to have access to your Clinic medical record. To assure that your other treatment providers have quick access to your latest health information, we may participate in a community-based electronic health information exchange. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you, or to perform follow-up calls to monitor your care experience.

Family Members, Legal Counsel, and Others Involved in Your Care: We may disclose your medical information to a family member, legal counsel, or friend who is involved in your medical care, or to someone who helps to pay for your care.

Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan, Health Insurance Company, or attorney may ask to see parts of your medical record before they will pay us for your treatment.

Clinic Operations: We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the Clinic. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate the care provided by clinic personnel, your doctors, or other health care professionals.

Required by Law: Federal, state, and local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the State Workers' Compensation Program for work-related injuries.

Public Health: We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Public Safety: We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct at the Clinic. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The Clinic may also disclose medical information to federal officials for intelligence and national security purposes, or for presidential Protective Services.

Judicial Proceedings: The Clinic may disclose medical information if the Clinic is ordered to do so by a court or if the Clinic receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Information with Additional Protection: Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, the Clinic is required to get your permission before disclosing that information to others in many circumstances.

When is Your Authorization Required? Uses and Disclosures for Which Your Authorization is Required: With limited exceptions, the Clinic must obtain your written authorization before it may disclose your medical information in the following circumstances: (1) to disclose psychotherapy notes, (2) to conduct marketing activities, or (3) to sell your medical information to a third party.

Other Uses and Disclosures Requiring Authorization: If the Clinic wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, the Clinic will seek your written authorization. If you give your authorization to the Clinic, you may take back that authorization any time, unless we have already relied on your authorization to use or disclose the information. If you ever would like to revoke your authorization, please notify the Supervisor in writing.