

## Notice of Privacy

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.

**Your Rights:** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record**

You can submit a request to get an electronic or paper copy of your medical record and other health information we have about you by placing your request in writing and submitting it to the Health & Wellness Director. We will provide a copy or a summary of your health information within thirty (30) days of your request.

- **Ask us to correct your medical record**

You can submit a request to correct health information about you that you think is incorrect or incomplete. By placing your request in writing and submitting it to the Health & Wellness Director. We will notify you of the results within sixty (60) days of your request.

- **Request confidential communications**

You can request confidential communication outreach (for example, home or office phone) or to send mail to a different address. We will try to accommodate all reasonable requests.

- **Get a list of those with whom we've shared information**

You can request a list (accounting) of the times we've shared your health information for (6) years prior to the date you ask, who we shared it with, and why. You must place your request in writing and submit it to the Health & Wellness Director. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year.

- **Choose an alternate decision maker**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will require a copy of the power of attorney or guardian legal documents in our file which verifies that the person has the authority to act on your behalf before we take any action based upon the person's directives or requests.

- **File a grievance if you feel your rights are violated**

You can file a grievance if you feel we have violated your rights by submitting the grievance in writing to the Health & Wellness Director. We will not retaliate against you for filing a grievance.

**Uses and Disclosures:** We typically use or share your health information in the following ways.

- **To treat you:** We can use your health information and share it with other professionals who are treating you.
- **To run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **To bill for your services:** We can use your health information to bill and get payment from health plans or other entities.
- **To help with public health and safety issues**  
We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

- **To do research**  
We can use or share your information for health research. We are allowed or required to share your information in ways that contribute to the public good, such as public health.
- **To comply with the law**  
We will share information about you if state or federal laws require it, including the Department of Health and Human Services, to verify we are complying with federal policy law.
- **To work with a medical examiner or funeral director**  
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **To address Workers' Compensation, law enforcement, and other government requests**  
We can use or share health information about you—for workers compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.
- **To respond to lawsuits and legal actions**  
In response to court order or subpoena.

**Our Responsibilities:** We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you direct us in writing.

For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).