Notice of Privacy Practices For Protected Health Information

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.

The Agency is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information (PHI) we maintain. Should our information practices change, we will provide a copy of the current Notice of Privacy Practices to you.

Authorization for Use or Disclosure of PHI:

We will not use or disclose your PHI without your authorization, except as described in this Notice.

Examples of uses and disclosures that would require your written authorization include, but are not limited, to the following:

- The sale of your protected health information
- The marketing of a product or service to you where the Agency is paid by a third party
- The use or disclosure or your psychotherapy notes

You're Health Information Rights

Although your health record is the physical property of the healthcare practitioner, facility or agency that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect and copy your health record
- Obtain an electronic copy of your health record, if maintained in that format
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative
locations

- Restrict certain disclosures of PHI to your health plan where you have paid out of pocket in full for the healthcare item or service
- Be notified following a breach of your unsecured PHI; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Examples of Disclosures for Treatment, Payment and Health Operations

**We will use your PHI for treatment.** For example: The agency may release information about you to our nurses, nursing assistants, medication aides/technicians, medical and nursing students, therapists, pharmacists, medical records personnel, consultants, physicians, etc. The agency may also disclose your PHI to outside entities performing other services related to treatment such as diagnostic laboratories, home health/hospice agencies, family members, etc.

**We will use your PHI for payment.** For example: A bill may be sent to you or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

**We will use your PHI for regular health operations.** For example: The Agency may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Uses Or Disclosures

**Business Associates**

There are services provided in our Agency through contacts with business associates (Business Associates). Examples include: accountants, transcription or typing services, and a copy service we use when making copies of your PHI. When these services are contracted, we may disclose your PHI to our Business Associate so that they can perform the job we have asked them to do. So that your health information is protected, however, we require the Business Associate to appropriately safeguard your information.

**Notification**

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care and general condition.

**Communication with the Family**

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person your identity, health information relevant to that person’s involvement in your care or payment related to your care.
Public Health

As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Government

We may disclose health information to a government authority authorized to receive reports of abuse, neglect or domestic violence.

Permitted Marketing

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Fundraising

We may contact you as part of a fundraising effort. You have the right to opt out of receiving fundraising communications by contacting the Agency’s Privacy Officer.

Food and Drug Administration (FDA)

We may disclose PHI to the FDA relative to adverse events with respect to food, supplements, product and product defects or post-marketing surveillance information to enable product recalls, repairs or replacement.

Research

We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners/Funeral Directors

We may disclose PHI to coroners, medical examiners and funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
Workers Compensation

We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement

We may disclose PHI for law enforcement purposes as required by law, or in response to a valid subpoena.

Judicial or Administrative Proceedings

We may disclose PHI in response to an order of court, administrative tribunal, subpoena, or discovery request.

Health Oversight Agency

We may disclose your PHI to a health oversight agency for oversight activities authorized by law (audits, licenses, inspection, etc.)

For More Information or To Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer, _______________________.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: ________________________________