



Notice of Privacy Practices

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.

PURPOSE:

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. Protected Health Information is information that may identify the patient and that relates to the patient's past, present or future physical or mental health, and may include name, address, phone numbers and other identifying information.

We are required to give you this Notice and to maintain the privacy of your Protected Health Information. We must abide by this Notice, but we reserve the right to change the privacy practices described in it.

We understand that medical information about you and your health is personal and confidential. We are committed to protecting the confidentiality of your medical information. We create a record of the care and services you receive at Access Medical Clinic. We need this record to provide services to you and to comply with certain legal requirements. This Notice will tell you about the ways we may use and disclose your information. We also describe your rights and certain obligations we have to use and disclose your health information.

WHO WILL FOLLOW THIS NOTICE:

This Notice describes the practices of Access Medical Clinic's healthcare professionals, employees, and others who provide healthcare services at our clinic, including nursing students who are in training.

ACKNOWLEDGEMENT:

You will be asked to sign an Acknowledgement of Receipt of this Notice. The delivery of your healthcare services will in no way be conditioned upon the signing of this Acknowledgement.

USES AND DISCLOSURES OF PHI:

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include, but are not limited to:

- **Treatment:** We may use or disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
- **Payment:** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

- **Healthcare Operations:** The Medical Staff and other healthcare workers may use your PHI to check the care you received, how you responded to it, and for other business purposes related to operating the hospital or clinics. For example: using a translation service if we need to communicate with you in person, or on the telephone, in a language other than English.
- **Appointment Reminders:** We may use and disclose PHI to contact you to remind you that you have an appointment for medical care.
- **Business Associates:** We may share some of your PHI with outside people or companies who provide services for us, such as lab services and billing.
- **Minors:** We may disclose the PHI of minor children to their parents or guardians, unless such disclosure is otherwise prohibited by law.
- **Notification:** We may use or disclose your PHI to notify a family member or other person involved in your care, of your general condition unless you tell us not to do so.
- **Communication with family:** We may share your PHI with a family member, a close personal friend, or a person that you identify, if we determine they are involved in your care or in payment for your care, unless you tell us not to do so.
- **Coroners, Medical Examiners, Funeral Directors:** We may disclose your PHI to these people, to the extent allowed by law, so that they may carry out their duties.
- **Organ Donor Organizations:** We may share your PHI with the organ donation agency for the purpose of tissue or organ donation in certain circumstances and as required by law.
- **Contacts:** We may contact you to provide appointment reminders or to tell you about new treatments or services.
- **Food and Drug Administration (FDA):** We may share your PHI with certain government agencies like the FDA so they can recall drugs or equipment.
- **Workers' Compensation:** We may use or disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health:** We may disclose your PHI to public health agencies who are charged with preventing or controlling disease, injury or disability, and as required by law.
- **Communicable Disease:** We may disclose your PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.
- **Correctional Institution:** If you are an inmate of a correctional institution, we may disclose your PHI needed for your health or the health and safety of others.
- **Law Enforcement:** We must disclose your PHI for law enforcement purposes as required by law.
- **As Required by Law:** We must disclose your PHI when required by federal, state or local law.
- **Health Oversight Activities:** We must disclose your PHI to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.
- **Abuse or Neglect:** We must disclose your PHI to government authorities that are authorized by law to receive reports of suspected abuse or neglect.
- **Legal Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding or administrative proceeding or in response to a court order, subpoena, discovery request or other lawful process.
- **Required Uses and Disclosures:** We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety, or the health or safety of others. However, we will only disclose the information to someone who may be able to help prevent the threat.

- **Military and National Security:** In certain situations, we may disclose PHI of military personnel and veterans. When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed forces personnel, as required by military command authorities, or to foreign military authority if you are a member of that foreign military. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.
- **Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Health Information Exchange:** We may make your protected health information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for their treatment and payment purposes. Participation in an electronic health information exchange also lets us see their information about you for our treatment and payment purposes.
- **Prescription Monitoring Program:** The Clinic may use your PHI to search databases to check for prescription information. This will enhance patient treatment and is a secure registry.

We may use or disclose your protected health information in the following situations with your consent or authorization. These situations include, but are not limited to:

- **Release of Immunization Records to Schools:** The Clinic may release immunization records directly to schools with only an oral authorization from a parent or person acting in the place of a parent.

YOUR PRIVACY RIGHTS:

You have the following rights, subject to certain limitations, regarding to your Protected Health Information:

- **Right to obtain a current paper copy of this Notice.** A current version of this Notice, with required revisions, if any, may be obtained from our clinic and is posted in the waiting area of our facility. You may also receive a current copy by requesting a copy from the front desk.
- **Right to inspect or copy your Protected Health Information.**
You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act of any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right to Request Amendments.**
If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of the Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Right to an Electronic Copy of Electronic Medical Records.**
If your PHI is maintained in an electronic format (known as electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or

transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Restrict Disclosures of Protected Health Information.**

You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your PHI, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

- **Right of Restriction to a Health Plan.**

You have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full. If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

- **Right to Get Notice of a Breach.**

You have the right to be notified upon a breach of any of your unsecured Protected Health Information. It is our duty to notify those individuals affected by a breach.

- **Right to an Accounting of Disclosures of PHI.**

You have the right to ask for an "accounting of disclosures", which is a list of the disclosures we made, if any, of your PHI. This right applies to disclosures for purposes other than, treatment, payment and healthcare operations as described in this Notice. It excludes disclosure we may have made to you, to family members or friends involved in your care, or for notification purposes. The first accounting of disclosures you request within any 12-month period will be free. For additional request within the same period, we may charge you for the reasonable costs of providing the accounting. The right to receive this information is subject to certain exceptions, restrictions and limitations.

- **Right to Request Confidential Communication.**

You have the right to request an alternative means or location for receiving communications to preserve your privacy. For example, you may request that we communicate with you through a designated address or phone number. You must make any request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests.

OTHER USES AND DISCLOSURES:

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not described by this Notice will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the

authorization. However, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

HOW TO FILE A COMPLAINT:

If you believe your Privacy Rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services.

To file a complaint with us, you may send a letter describing the violation to:

Access Medical Clinic
Attention: Privacy Officer
49 Hwy 62/412
Ash Flat, AR 72513

All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.