

NOTICE OF PRIVACY PRACTICES

Clark Family Medicine, LLC

EFFECTIVE: OCTOBER 2017

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your "health record" or "medical record," serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed actually were provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

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

• Request a restriction on certain uses and disclosures of your information. The covered entity is not re-quired to agree to a requested restriction, as outlined in this notice.

- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communication of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

This organization 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
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

The covered entity is required by law to maintain the privacy of protected health information (PHI), to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will provide you with a revised copy at your next visit or upon request.

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

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment. For Example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

*We will **not** use your health information for payment:* This office does not accept Insurance, nor does it bill Insurance.

We will not communicate with your insurance unless you give us permission to do so.

We will use your health information for regular health operations: Members of the medical staff may use information in your health record to assess the care and out-comes in your case and others like it. This information will then be used in an effort to continue improving the quality and effectiveness of the healthcare and service we provide.

Other Uses or Disclosures

Business Associates: Some services in our organization are provided through contacts with business associates. Examples include physician services in the emergency department, radiology, and laboratory tests. When these services are contracted, we may disclose your PHI to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. So that your PHI is protect-ed, however, we require the business associate to safe-guard your PHI appropriately.

Directory: We do not create or distribute a directory of patients.

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

Communication with family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

Research: This office does not participate in research using your PHI in any form.

Funeral Directors: We may disclose to funeral directors PHI consistent with applicable law so they can carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, for the purpose of tissue donation and trans-plant, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs.

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.

Food and Drug Administration (FDA): We may disclose to the FDA health information 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.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public health: As required by law. We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work-force member or business associate believes in good faith that we have engaged in unlawful conduct or have other-wise violated professional or clinical standards and are potentially endangering on or more patients, workers, or the public.

Immunization Records: We are required to obtain agreement, whether in writing or given orally, from a parent, guardian, or person acting in loco parentis prior to disclosing or providing proof of immunizations to an educational institution admitting a minor student. No separate written HIPAA authorization is required for this action by Clark Family Medicine.

Who Will Follow This Notice:

-All employees of Clark Family Medicine;

-All Business Associates; and

-All Volunteers and/or Students.

Right to a Paper Copy of this Notice: You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously received one.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

Changes to this Notice of Privacy Practices:

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

Complaints:

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer:

Elizabeth E. Frater

HIPAA Compliance Officer

417-881-5639

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: the Secretary of the U.S. Department of Health and Human Services at 1-800-368-1019 (any language) or 1-800-537-7697 (TDD), or send an email to

OCRMail@hhs.gov. The complaint form may be found at **www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf**. You will not be penalized in any way for filing a complaint.