

# Notice of Privacy Practices

*The information found in this document is for informational purposes only. The information provided is not to be used or construed as legal interpretation.*

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**Right to Notice**    *This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

When you came to (Covered Entity) for health care, you entrusted us with personal information about yourself. We want you to know about our practices for protecting your privacy, as well as your rights and our responsibilities regarding this recorded information about you. This recorded information is known as **Protected Health Information** (PHI). We will not use or disclose your PHI without your permission, except as described in this notice.

**Revisions to the Notice:**    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 mail a revised notice to the address that you have supplied to us. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected.

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**Understanding Your Health Record/ Information**    A record is made each time you visit (Covered Entity), a physician, or other healthcare provider. Typically, this record is a legal document that contains your symptoms, examinations and test results, diagnoses, treatments, and plans for future care.

With your consent this information may be used as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Documentation of care you received;
- Means by which we bill a third-party payer for services provided;
- Means by which you can verify that services billed were actually provided;
- Tool in educating health professionals; or
- Source of information for public health officials charged with improving the health of the nation.

With your authorization this information may be used as a:

- Source of data for medical research;
- Source of data for facility planning and marketing; or
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

<b>Understanding Your Health Record/ Information, (Continued)</b>	<p>Understanding what is in your record and how your health information is used, helps you to:</p> <ul style="list-style-type: none"> <li>• Ensure its accuracy;</li> <li>• Better understand who, what, when, where, and why others may access your health information; and</li> <li>• Make more informative decisions when authorizing disclosure to others.</li> </ul>
<b>(Covered Entity)'s Responsibilities</b>	<p>(Covered Entity) will:</p> <ul style="list-style-type: none"> <li>• Maintain the privacy of your health information;</li> <li>• Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;</li> <li>• Abide by the terms of this notice;</li> <li>• Notify you if we are unable to fulfill a request in relation to your PHI; and</li> <li>• Accommodate reasonable requests you may have to communicate health information by alternative means and/or at alternative locations. For example, rather than contacting you in writing at home, you may request we contact you at work.</li> </ul>

## Consent

<b>What is Consent?</b>	<p><b>Consent</b> to disclose your PHI is a document that gives (Covered Entity) your permission before using or disclosing your PHI.</p>
<b>Uses and Disclosures</b>	<p>(Covered Entity) is allowed by federal and state laws to disclose the <b><u>minimum necessary</u></b> PHI for treatment, payment, or healthcare operations.</p>
<b>When consent is <u>not</u> required</b>	<p>Consent is not required:</p> <ul style="list-style-type: none"> <li>• If the healthcare provider is required by law to treat you, and is unable to obtain your consent; or</li> <li>• If the healthcare provider attempts to obtain your consent, but is unable to due to significant barriers. These barriers may effect the communication with you, and the healthcare provider determines, in the exercise of professional judgment, that the consent to receive treatment is clearly understood from your condition.</li> </ul>
<b>Emergency Situations</b>	<p>A consent is not required during emergency situations:</p> <ul style="list-style-type: none"> <li>• If a healthcare provider attempts to obtain your consent as soon as possible after providing treatment; or</li> <li>• If you are unable to agree to restrict or use this information due to this circumstance.</li> </ul>

**Emergency Situations, Continued**

- If you are incapacitated or in an emergency circumstance, (Covered Entity) may, in the exercise of professional judgement:
  - Determine if disclosure is in your best interest;
  - Disclose ***only*** the PHI that is directly relevant to another person involved with your healthcare;
  - Allow an individual to act on your behalf to:
    - pick up filled prescriptions,
    - medical supplies,
    - X-Rays, or
    - Other similar forms of PHI.
  - Disclose PHI to public or private entities, authorized by law or by (Covered Entity)'s charter, to assist in disaster relief efforts for the purpose of notifying a family member, or person responsible for your care, of your location, general condition, or death.

**Patient Directory**

(Covered Entity) maintains a directory of patients in (Covered Entity) that contains the following for each patient:

- Name;
- Location within (Covered Entity);
- A general term which describes the patient's condition (stable, critical etc...) *This information used to describe your condition will **not** include specific medical information about you; and*
- Religious affiliation.

This patient directory will be used for:

- Members of the clergy; and
- Other individuals who ask for you by name.

During emergency situations (Covered Entity) will disclose directory information based on prior preference, if known, or in your best interest as determined by your healthcare provider.

(Covered Entity) will inform you and provide an opportunity for you to object to uses and disclosures for directory purposes when it becomes feasible to do so.

**Notifying family and friends**

(Covered Entity) is permitted by law to notify and disclose your health information in the following ways:

- To a family member, other relative, or a close personal friend of yours, or any other person identified by you. The information disclosed will be related to their involvement with your care or to payment for your care.
- Your emergency contact of your location, general condition or death.

<b>Other Uses</b>	(Covered Entity) may contact you to: <ul style="list-style-type: none"> <li>• Provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.</li> <li>• Request donations during fundraising campaigns.</li> </ul>
<b>National Security</b>	(Covered Entity) may be required to disclose PHI to authorized federal officials to conduct lawful intelligence, counter- intelligence and other national security activities authorized by the National Security Act.
<b>Law Enforcement and Correctional Institutions</b>	(Covered Entity) may be required to disclose PHI to your correctional institution if you are an inmate or to a law enforcement official having lawful custody of you, if: <ul style="list-style-type: none"> <li>• The PHI is necessary for the provision of health care;</li> <li>• Health information is necessary for the health and safety of you and other inmates;</li> <li>• The PHI is necessary for the health and safety of officers, employees, and others at the correctional institution;</li> <li>• PHI is necessary for law enforcement on the premises; or</li> <li>• PHI is necessary for the administration and maintenance of safety and security at the institution.</li> </ul>
<b>Revocation</b>	<i>You may revoke this consent in writing at any time, except to the extent (Covered Entity), or its Business Associates, have taken action, in reliance there on, for treatment, payment or healthcare operations.</i>

## Authorizations

<b>What is an Authorization?</b>	An <b>authorization</b> is a document that gives (Covered Entity) permission to use and disclose PHI for specified purposes. <u>An example</u> : To disclose PHI to someone you specified, allowing him/her to have access to and/or receive your PHI.
<b>When Authorization is <u>not</u> Required</b>	An authorization is not required: <ul style="list-style-type: none"> <li>• To carry out the following: <ul style="list-style-type: none"> <li>• Treatment,</li> <li>• Payment, or</li> <li>• Healthcare operations.</li> </ul> </li> <li>• For use by the person who created the notes for treatment. It is also acceptable for trainees, trainers, practitioners, and students, under supervision to improve their counseling skills.</li> <li>• If used to defend a legal action brought by the individual.</li> </ul>

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**Authorizations requested by (Covered Entity)**

If (Covered Entity) needs your PHI from another healthcare provider, we may request you to sign an authorization that will contain the following:

- A description of each purpose of the requested disclosure;
- A statement that (Covered Entity) will not condition treatment, payment, enrollment in the health plan, or eligibility for benefits on the individual's providing authorization for the requested use or disclosure; and
- A statement that you may refuse to sign the authorization.

**NOTE:** We will provide you with a copy of your signed authorization.

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## Accounting of Disclosures of PHI

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**You have the Right to an Accounting of Disclosures**

You have the right to receive an accounting of disclosures of PHI made by (Covered Entity) in the six years prior to the date on which the accounting is requested, except for disclosures that were used for the following:

- Carrying out treatment, payment and health care operations;
- To you about your PHI;
- For the facility's directory or to persons involved in the individual's care;
- For national security or intelligence purposes as explained in National Security section of this notice;
- To correctional institutions or law enforcement officials as explained in Law Enforcement and Correctional Institutions section of this notice; or
- That occurred prior to the effective date of this notice, April 14, 2003.

**Accounting of Disclosures you are not entitled to**

(Covered Entity) will not include the following accounting of Disclosures, if the PHI:

- Was not created by (Covered Entity), unless you provide a reasonable basis to believe that the person who created the PHI is no longer available to act on your request;
- Is not part of your record;
- Is Psychotherapy notes;
- Is information collected and held in reasonable anticipation, or for use in, a civil, criminal, or administrative action or proceeding; or
- Is a record that is subject to the Clinical Laboratory Improvements Amendments of 1988.

**Content of the Accounting** (Covered Entity) will provide you a written accounting of disclosures, for the time frame you request, for up to six years.

The accounting will include:

- The date of the disclosure;
- The name of the entity or person who received the PHI and, if known, the address of such entity or person;
- A brief description of the PHI disclosed; or
- A brief statement of the purpose of disclosure, or a copy of their authorization.

**How Long should this take?** Within 60 days of receipt of your request.

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## Accessing your Protected Health Information (“PHI”)

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**Your Right to Access your PHI** You have the right to access and inspect or obtain a copy of your PHI for as long as (Covered Entity) maintains the PHI. PHI which you may not access or inspect because of state and federal law are:

- Psychotherapy notes;
- Information compiled in a reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and
- Information subject to the Clinical Laboratory Improvement Amendments of 1988 (Title 42 CFR Part 493.3(a)(2)).

**What should you expect** If your information is immediately available, (Covered Entity) will act on your request in either of the following two ways. (Covered Entity) will notify you in writing that your request to access your PHI has been:

- Granted, in whole or in part; or
- Denied, in whole or in part.\*

**\*NOTE:** Please see [If \(Covered Entity\) Denies your Request for Access or Amendment](#) for more information.

**How Long should this take?** Within 30 days of receipt of your request.

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**If Access is  
Granted**

If access is granted:

- (Covered Entity) will attempt to contact you to determine a convenient time for you to access, inspect or obtain a copy of your PHI.
- (Covered Entity) reserves the right to provide you with your PHI:
  - In paper copy; or
  - In summary format.
- If you wish the copied information to be mailed, (Covered Entity) will request the appropriate mailing information.
- You may request access to your PHI in any format you wish and (Covered Entity) will discuss formats other than a paper copy.
- (Covered Entity) will discuss our fee for this request. Please see: [Fees](#) Section for chargeable items.

**Note:** If (Covered Entity) does not maintain the PHI that is the subject of the request, but knows where it is located, (Covered Entity) will inform you where to redirect your request.

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## **Amending your Protected Health Information**

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**You have the  
Right to Amend**

You have the right to request that (Covered Entity) amend your PHI or a record about you from a designated record set for as long as (Covered Entity) maintains the PHI.

**Amendment  
Guidelines**

If (Covered Entity) grants the requested amendment, in whole or in part, (Covered Entity) will make the amendment and inform you that the amendment has been accepted and notify you of the relevant persons with which the amendment needs to be shared.

If the amendment, in whole or in part, has been accepted by (Covered Entity) will make a reasonable effort to inform and provide the amendment within a reasonable time frame. Individuals who may receive this amendment are:

- Persons identified by you as having received your PHI and in need of the amendment; or
- Persons, including business associates of (Covered Entity) who have previously received your PHI and have relied on the information for your benefit.

**What should you expect**

If your information is immediately available, (Covered Entity) will act on your request in either of the following two ways. (Covered Entity) will notify you in writing that your request to amend your PHI has been:

- Granted, in whole or in part; or
- Denied, in whole or in part.\*

**\*NOTE:** Please see If (Covered Entity) Denies your Request for Access or Amendment for more information.

**How long will this take?**

(Covered Entity) will act on your request for an amendment no later than 60 days after written receipt of your request.

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## Requesting Access, Accounting of Uses and Disclosures and Amendments

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**Requests**

You may request access, an accounting of uses and disclosures or amendments to you PHI. You must make this request in writing to the following location:

Patient Relations Office  
(Covered Entity)

Your written, signed, request must include your:

- Name,
- Address,
- Telephone number,
- Social Security Number,
- Other names used, if applicable, for example: your maiden name,
- Date of Birth,
- Dates of care,
- Copy of Photo Identification with signature,
- Subject of the request, and
- Reason for your request of this information.

**\*NOTE:** If photo identification with signature is not available, a notarized request is acceptable.

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## Denial for Access, Accounting of Uses and Disclosures, and Amendments

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### Automatic Grounds for Denial

Your request for access, accounting of uses and disclosures, and amendments will *automatically* be denied if it is subject to any of the following:

- It was not created by (Covered Entity), unless you provide a reasonable basis to believe that the person who created the PHI is no longer available to act on your requested amendment;
- It is not part of your record;
- It is information compiled in reasonable anticipation, or for use in, a civil, criminal, or administrative action or proceeding;
- If the information is subject to the Clinical Laboratory Improvement Amendments of 1988 (Title 42 CFR Part 493.3(a)(2));
- If PHI is gathered in the course of research and you have agreed to denial of access until the completion of research;
- If PHI was obtained from someone other than an employee of (Covered Entity) under a promise of confidentiality and (Covered Entity) feels this may reveal the source of the information;
- If a licensed healthcare professional has determined, in the exercise of professional judgment, that the request is reasonably likely to endanger the life or physical safety of you or another person;
- If the PHI makes reference to another person, and a licensed healthcare professional has determined, in the exercise of professional judgement that the request is reasonably likely to cause substantial harm to such other person;
- If the request is made by a personal representative you have assigned, and a licensed healthcare professional has determined, in the exercise of professional judgement, that provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person; or
- If we are acting under the direction of a correctional institution, we will deny an inmate's request to obtain a copy of PHI.

### Automatic Grounds for Denial of Amendment

(Covered Entity) *will* deny your request for the amendment, if it has determined that your PHI is accurate and complete.

**If (Covered Entity) Denies your Request for Access or Amendment**

If (Covered Entity) denies you *access or amendment*, in whole or in part, to your PHI, (Covered Entity) will conduct the following actions:

- 1) Give you a timely written denial that will let you know why your request was denied.
- 2) Grant your request to the information you requested except for what was denied.
- 3) Inform you if you have any rights for a review of the denial and a description of how you may make a complaint to (Covered Entity) or the Secretary of Department of Health and Human Services.

**NOTE:** (Covered Entity) will also include in the written notice, the contact's name, title and telephone number for more information to address or file a complaint with (Covered Entity).

**If you Disagree with (Covered Entity)'s Denial of your Request**

If you disagree with (Covered Entity)'s denial of your Request:

1. You may provide a written statement disagreeing with the denial of all or part of a request and the basis of such disagreement.
2. You have the right to have the denial reviewed. (Covered Entity) will provide a licensed healthcare professional, *who did not participate in the original denial* to review your new request for review of the denial.
3. (Covered Entity) will provide a written notice to you of the review findings and other actions, if any required, taken by (Covered Entity).

(Covered Entity) may prepare a written rebuttal to your statement of disagreement. Whenever such a rebuttal is prepared, (Covered Entity) will provide you with a copy.

**Further Disclosures of Amendment Requests**

If you have requested an amendment of your PHI, (Covered Entity) will either append all materials related to this request, or provide an accurate summary of any such information, with any disclosure of the PHI.

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# Entitlements

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**Right to Notice** You have the right to receive a paper copy of this notice.

**Alternative means to receive your PHI** You have the right to receive confidential communications of your PHI. (Covered Entity) will accommodate your reasonable requests to receive your PHI by alternative means or at an alternative location if so desired.

These alternatives forms may include:

- Mail,
- Phone,
- Fax,
- Home, or
- Work etc...

**NOTE:** The request for the confidential alternative format or location must be in writing.

**Requesting Restrictions to your PHI** You have the right to request restrictions of uses and disclosures of your PHI.

However, if we should agree to your request, **and** you are in need of emergency treatment, **and** the PHI is needed to provide the emergency treatment, (Covered Entity) may use the restricted PHI and/or may disclose such information to the individuals who may require this information in performing care.

**Requesting to view Policies and Procedures related to the use of PHI** (Covered Entity) maintains Policies and Procedures for processing and handling your PHI. You may submit a written request to review these Policies or Procedures.

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## Fees

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**Fees** (Covered Entity) may impose a reasonable cost based fee for:

- Copying, including cost of supplies and labor,
  - Postage, and/or
  - Preparing an explanation or summary of the requested PHI.
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# Complaint Process

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**Complaints  
Directed to  
(Covered  
Entity)**

If you believe your privacy rights have been violated, you may direct your complaint to (Covered Entity) by contacting:

Patient Relations Office (Covered Entity)
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Complaints may be filed by any means of communication. ***You will not be retaliated against for filing a complaint.***

**If you feel  
(Covered  
Entity) is *NOT*  
Cooperating  
with you**

***If you feel (Covered Entity) has not complied with Title 45 CFR Parts 160 and 164 then you may address your complaint to the Secretary of the Department of Health and Human Services.***

- A complaint must name the entity and describe the acts or omissions believed to be in violation of the applicable requirements of part 160 or the applicable standards, requirements, and implementation specifications of subpart E of part 164.
  - A complaint must be filed within 180 days of when the complainant knew or should have know that the act or omission complained of occurred, unless this time limit is waived by the Secretary for good cause shown.
  - The Secretary may prescribe additional procedures for the filing of complaints, as well as the place and manner of filing, by notice in the Federal Register.
-