

Family Health Center of Southern Oklahoma

Effective Date: _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Family Health Center of Southern Oklahoma ("FHCSO") is committed to protecting your medical information. We are required by law to:

- Maintain the privacy of your medical information;
- Give you a notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice currently in effect.

What is this document?

This Notice of Privacy Practices describes how we may use and disclose your medical information. It also describes your rights to access and control your medical information.

What does this Notice cover?

This Notice of Privacy Practices applies to *all* of your medical information used to make decisions about your care that we *generate or maintain*, including sensitive information such as mental health, communicable disease and drug and alcohol abuse information. Different privacy practices may apply to your medical information that is created or kept by other people or entities.

Who does this Notice cover?

This Notice of Privacy Practices will be followed by all **Family Health Center of Southern Oklahoma** employees; any health care professional who provides treatment to you at Family Health Center of Southern Oklahoma Locations; and any member of a volunteer group that provides services at Family Health Center of Southern Oklahoma Locations.

What will you do with my medical information?

The following categories describe the ways that we may use and disclose medical information. Not every use or disclosure in a category will be listed. You will acknowledge receipt of this document by signing the attached Patient Agreement and Acknowledgement.

If you are concerned about a possible use or disclosure of any part of your medical information, you may request a restriction. Your right to request a restriction is described in the section regarding patient rights below.

Treatment. FHCSO practices Integrated Care, using a team of professionals to treat patient needs. FHCSO may use information about you to provide you with medical services and supplies. We may also disclose information about you to others that need the information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, clinicians, thearpists, behavioral health professionals, emergency services, medical transportation providers, and others involved in your care. For example, we will allow your physician and other health professionals to have access to your medical record to assist in your treatment, for care coordination, and for follow up care and referral coordination. In an integrated care model, we use a team approach to care and involved other health professionals for your care. These individuals will have access to your records and will document in your medical

record. This includes doctors, physician assistants, nurses, medical and nursing students, technicians, clinicians, thearpists, behavioral health professionals, and other health professionals. When a behavioral health professional becomes part of your health care team, they operate in coordination with your primary care provider and document in your medical record. Information is shared to provide the best possible care. We may make your medical 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. We may also use and disclose information about you to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alterantives, or to tell you about your related services available to you. If you receive care in more than one FHCSO location, your records will be shared with all healthcare professionals involved in your care or needed for consultation and coordination.

We will use your medical information to provide you with medical treatment and services.

Example: Your medical information may be disclosed to doctors, nurses, technicians, students or other personnel who are involved in taking care of you.

We may *disclose* your medical information for the treatment

activities of any other health care providers.

Examples: (1) We may send a copy of your medical record to a physician who needs to provide subsequent or additional care to you. (2) We may send a copy of your health care instructions to a hospital or nursing home to which you have been admitted or transferred to facilitate coordination of care.

Payment. We may use medical information about you for our payment activities. Common payment activities include, but are not limited to:

- Determining eligibility or coverage under a plan; and
- Billing and collection activities.

Examples: (1) Your medical information may be released to an insurance company to obtain payment for services. (2) We may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

We may disclose medical information about you to another health care provider or covered entity for its payment activities.

Example: We may send your health plan coverage information to an outside laboratory or imaging center that needs the information to bill for tests that it provided to you.

Operations. We may use your medical information for operational or administrative purposes. These uses are necessary to run our facility and to make sure patients receive quality care. Common operation activities include, but are not limited to:

- Conducting quality assessment and improvement activities;
- Reviewing the competence of health care professionals;
- Arranging for legal or auditing services;

- Business planning and development;
- Business management and administrative activities; and
- Communicating with patients about our services.

Examples: (1) We may use your medical information to conduct internal audits to verify that billing is being conducted properly. (2) We may use your medical information to contact you for the purposes of conducting patient satisfaction surveys or to follow-up on the services we provided. (3) We might use a patient list to announce the arrival of a new physician or the purchase of a new piece of equipment or the addition of a new service.

We may disclose medical information about you to another health care provider or covered entity for its operation activities under certain circumstances.

Example: We may disclose your medical information to your health plan for its utilization review analysis.

Business Associates. We may disclose your medical information to other entities that provide a service to us or on our behalf that requires the release of patient medical information. However, we only will make these disclosures if we have received satisfactory assurance that the other entity will properly safeguard your medical information.

Example: We may contract with another entity to provide transcription or billing services.

Treatment Alternatives. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend,

family member or legal guardian who is involved in your medical care.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical treatment or services.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Research. We may use and disclose medical information about you to researchers. In most circumstances, you must sign a separate form specifically authorizing us to use and/or disclose your medical information for research. However, there are certain exceptions. Your medical information may be disclosed without your authorization for research if the authorization requirement has been waived or altered by a special committee that is charged with ensuring that the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your medical information. Your medical information also may be disclosed to researchers to prepare for research as long as certain conditions are met. Medical information regarding people who have died can be released without authorization under certain circumstances. Limited medical information may be released to a researcher who has signed an agreement promising to protect the information released.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Fundraising. We may use medical information about you to contact you in the future to raise money for Family Health Center of Southern Oklahoma. We may disclose medical information to a foundation related to Family Health Center of Southern Oklahoma so that the foundation may contact you to raise money on our behalf. We only will release contact information, such as your name, address and phone number and the dates you received treatment or services at Family Health Center of Southern Oklahoma for fundraising purposes. If you do not want us, or a related foundation, to contact you for fundraising efforts, you must notify our Privacy Official in writing by regular mail or e-mail to opt-out of receiving future fund-raising communications.

Can you ever use and disclose my medical information without my authorization?

Yes. The following categories describe the ways that we may be required to use and disclose your medical information without your consent. Not every use or disclosure in a category will be listed.

Required by Law. We may disclose your medical information when required to do so by federal, state or local law.

Examples: (1) We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. (2) We are required by law to report cases of suspected abuse and neglect. These reports may include your medical information.

Public Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

Public Health. We may disclose medical information about you public health activities intended to:

- Prevent or control disease, injury or disability;
- Report births and deaths;
- Report abuse, neglect or violence as required by law;
- Report reactions to medications or problems with products;
- Notify people of recalls of products they may be using; or
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Example: Oklahoma law requires us to report, among other things, births, deaths, certain birth defects, communicable diseases and other health conditions and statistics.

Food and Drug Administration (FDA). We may disclose to the FDA and to manufacturers 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 replacements.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. In limited circumstances, we may disclose medical information about you in response to a subpoena or discovery request.

Law Enforcement. We may release medical information if asked to do so by law enforcement official:

- In response to a court order, warrant, summons or other similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Military/Veterans. We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

Inmates. If you are an inmate of a correctional facility or under the custody of law enforcement official or agency, we may release your medical information to the correctional facility or law enforcement official or agency. This release may be necessary to: (1) enable the correctional facility to provide you with health care; or (2) protect the health and safety of you and/or other people.

What if you want to use and/or disclose my medical information for a purpose not de-scribed in this Notice?

We must obtain a separate, specific authorization from you to use and/or disclose your medical information for any purpose not covered by this notice or the laws that apply to us.

We are required to obtain your authorization for the following uses and disclosures:

Marketing: We must obtain authorization to use and disclose your medical information for marketing if the marketing involves direct or indirect financial payment from a third party.

Sale of Medical Information: We must obtain an authorization for any disclosure of your medical information for which we receive payment, unless otherwise permitted by law.

If you provide us with authorization to use or disclose your medical information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will not use or disclose your medical information for the reasons covered by your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization.

What are my rights regarding my medical information?

You have the rights described below in regard to the medical

information that we maintain about you. You are required to submit a written request to exercise any of these rights. You may contact our medical record department to obtain a form that you can use to exercise any of the rights listed below.

Right to Inspect and Copy.

You have the right to inspect and copy medical information used to make decisions about your care. *If you want a copy of your medical information, we may charge a fee of \$1.00 for the first page and .50 cents for each subsequent page.* We may deny your request to inspect and/or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information that we created is incorrect or incomplete, you may submit a request for an amendment for as long as we maintain the information. *You must provide a reason that supports your amendment request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that:

- We did not create, unless the person or entity that created the information is not available to make the amendment;
- Is not part of the medical information that we maintain;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right

to request one free "accounting of disclosures" every 12 months. This is a list of *certain* disclosures we made of your medical information. There are several categories of disclosures that we are not required to list in the accounting. For example, we do not have to keep track of disclosures that are authorized. *Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.*

If you request more than one accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions.

You have the right to request a restriction or limitation on the medical information we use or disclose about you unless our use and/or disclosure is required by law. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request unless you are requesting a restriction on the disclosure of information to your health plan and you are willing to pay out of pocket for the medical treatment provided. If we agree to other requested restrictions, we will comply with your request unless the information is needed to provide emergency treatment to you.

In your request, you must indicate:

- The type of restriction you want and the information you want restricted; and
- To whom you want the limits to apply, for example, your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. Copies of this notice always will be available in our medical record department.

Can you change this notice?
We reserve the right to change this notice. We reserve the right to make the revised or changed

notice effective for medical information we already have about you as well as any information we receive in the future. Copies of the current notice will be posted at all Family Health Center of Southern Oklahoma facilities and will be available for you to pick up on each visit to Family Health Center of Southern Oklahoma locations.

What if I have questions or need to report a problem?

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights of the Department of Health and Human Services. To file a complaint with us, or if you would like more information about our privacy practices, contact our Privacy Official at (580) 371-2343 extension 3354

or by email at privacy@fhcso.org. The Privacy Official's mailing address is: 610 E 24th St, Attn: Privacy Officer, Tishomingo, OK 73460. To file a complaint with the Office of Civil Rights of the Department of Health and Human Services, you must submit the complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. The complaint must be submitted in writing. Information on how to file a complaint can be located on the Office of Civil Rights website at: <http://www.hhs.gov/ocr/privacy/index.html> or our Privacy Official can provide you with current contact information. ***You will not be penalized for filing a complaint.***