

# Mathiesen Memorial Health Clinic

## *HIPAA Notice of Privacy Practices*

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notices of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, or office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of our business, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. Your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment :** Your protected health information will be used, as needed; to obtain payment for your health care services, treatment alternatives, and health related benefits and services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. If you are Indian, the Indian Health Service requires we send them information about you and the services you receive from our program. We may use information about you when paying for a CHS Service you receive.

**Healthcare operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of our health program. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, our marketing and fund raising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when the provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may use general demographic data about you when we apply for additional grant funding.

We may use or disclose your protected health information in the following situations without your authorization as required by law:

- Public Health reporting; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration Requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates.

Under the law, we must make disclosure about you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the law.

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Other uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

**Your rights:** Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information.** Under Federal Law, however, you may not inspect or copy information compiled in reasonable anticipation of, or use, in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information may not be disclosed to family members or friends who may be involved in your care or for the notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to the restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

**You have the right to obtain a paper copy of this notice from us** upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

**You may have the right to request that we amend your protected health information.** If we deny your request for 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.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the terms of this notice and to make new notice provisions effective for PHI we maintain. You then have the right to object or withdraw as provided in this notice, Copies of the most current notice will be available at each of our health care facilities.

**Complaints:** You may complain to the Privacy Officer at 209-984-4824 or to the Secretary of Health and Human services: Director of the Office For Civil Rights at U.S. Dept. of Human & Health Services, 200 Independence Ave., Room 509F, HHH Bldg; Washington DC,20201, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective **April 14,2003**

We are required by law to maintain the privacy of protected health information and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms and conditions of The Notice of Privacy Practice currently in effect. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.