

# Southern Missouri Community Health Center

## 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.**

With your consent, Southern Missouri Community Health Center (SMCHC) is permitted by federal privacy laws to make uses and disclosures of your protected health information for purposes of treatment, payment, and health care operations. Protected health information is information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents for those services. Such rules for protected health information do not apply to individuals who have been deceased for a period of 50 years or more.

### **Example of uses of your protected health information for treatment purposes:**

Clinic personnel will obtain treatment information about you and will then record it in a health record. During the course of your treatment, the provider may consult with another specialist in the area. The provider will share information with the specialist and obtain input. In addition, your prescription history may be shared with your selected pharmacy and the clinic vendors who process our electronic prescriptions.

### **Example of use of your health record for payment purposes:**

If you have insurance, SMCHC will submit a request for payment to your health insurance company unless you restrict disclosures to health plans for services in which you have paid out of pocket. The health insurance company may request information from us regarding medical care given.

### **Example of use of your information for health care operations:**

SMCHC obtain services from our insurers or other business associates for quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, prescription services and insurance purposes. We will share information about you with such insurers and business associates as necessary to obtain these services.

### **Your health information rights:**

The health record and billing records we maintain are the physical property of SMCHC. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request.
- Obtain a paper copy of this Notice of Privacy Practices by making a request at SMCHC.
- Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to SMCHC. You may also request a copy of your medical records electronically if SMCHC is capable of doing so.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to SMCHC.
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and denial be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosures of your health information as required by law by delivering a written request to the health center. An accounting will not include internal uses of information for treatment, payment or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care. Be informed of

disclosures, such as marketing and fundraising, that require authorization and the patient also has the right to opt out of fundraising communications.

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to SMCHC.
- Revoke any authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.
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You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

### **Our Responsibilities:**

- \* Maintain the privacy of your health information as required by law;
- \* Provide you with notice of our duties and privacy practices as to the information we collect and maintain about you;
- \* Abide by the terms of this Notice;
- \* Notify you if we cannot accommodate a requested restriction or request;
- \* Accommodate your reasonable requests regarding methods to communicate health information with you;
- \* Notify you in the case of a breach of your protected health information; and

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. We will post a copy of our current Notice at SMCHC. We will also give you a copy of our current notice upon request.

### **To Request Information or File a Complaint:**

If you would like to exercise any of the above rights, have questions, would like additional information or want to report a problem regarding the handling of your information, you may contact our Chief Executive Officer in writing, at 1137 Independence Drive, West Plains, MO 65775, or call (417) 255-8464. Additionally, if you believe your privacy rights have been violated, you may file a written complaint with the Secretary of Health and Human Services. You will not be penalized for filing a complaint.

### **Other Uses and Disclosures:**

#### **As Required by Law**

We will disclose health information about you when required to do so by federal, state or local law.

#### **Notification**

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death. We may also use and disclose health information about you to contact you as a reminder of an appointment at SMCHC or other locations at which we provide services.

#### **Communication with Individuals Involved in Your Care or Payment for Your Care**

Using our best judgment, we may disclose to a family member, other close relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

#### **Health-Related Services and Treatment Alternatives**

We may use and disclose protected health information to notify you of health-related services or recommend treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to contact you with this information.

### **To Avert a Serious Threat to Health or Safety**

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

### **Workers Compensation**

We may release health information about you for your workers compensation or similar programs to the extent necessary to comply with laws relating to Workers Compensation.

### **For Specialized Government Functions**

We may disclose your protected health information for specialized government functions as authorized by law, such as Armed Forces personnel, for national security purposes, or to assist public program personnel.

### **Correctional Institutions**

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your health information necessary for your health and the health and safety of other individuals.

### **Law Enforcement**

We may disclose your health information for law enforcement purposes if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; under certain limited circumstances, about a victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct on SMCHC premises or in emergency situations to report a crime.

### **Coroners, Health Examiners and Funeral Directors**

We may release health information about our patients to a coroner or health examiner if necessary, for example, to identify a deceased person or determine the cause of death.

### **Judicial/Administrative Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent or as directed by proper court order.

### **Public Health Activities**

As required by law, we may disclose your protected health information for public health activities which generally include preventing or controlling disease, injury or disability; reporting births or deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of product recalls; and notifying persons who may have been exposed to a disease or may be at risk of contacting or spreading a disease or condition.

### **Immunization Records**

We may release immunization records to a school if the individual or if the individual's parent or guardian agreed to the disclosure

### **Health Oversight Activities**

We may disclose health information about you 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.

**Research**

Under certain circumstances, we may use and disclose health information about you for research purposes. Before any such use and disclosure, the project will have been approved through a process that attempts to balance the research needs with the patient's need for privacy.

**Website**

If we maintain a website that provides information about SMCHC, this Notice will be on the website. Other uses and disclosures of your protected health information will be made only as otherwise authorized by law or with your written authorization and you may revoke authorization as previously provided. SMCHC reserve the right to change this privacy notice.