

Effective Date: September 14, 2020

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

Understanding Your Medical Record / Health Information

This Notice 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 or related health care services, or payment for those services.

Your Health Information Rights

When it comes to your protected health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

- Request restrictions on uses and disclosures of your protected health information for treatment, payment, or health care operations purposes. You also have a right to request a limit on the protected health information we disclose about you to someone who is involved in your care, such as a family member or friend. We are not required to agree to any such requests and we may deny your request if it would affect your care. However, if the disclosure you want to restrict is for the purpose of carrying out payment or health care operations with your health insurer and is not otherwise required by law and the disclosure pertains solely to a health care item or service for which you have paid in full out-of-pocket, we will comply with such request. All such requests must be submitted in writing to our Privacy Official.
- Request a paper copy of this Notice at any time, even if you had previously agreed to receive this Notice electronically.
- Request the opportunity to inspect and/or obtain a copy of your medical record or other group of records containing protected health information that we maintain in a designated record set. If we maintain the information electronically and you request an electronic copy, we will provide you with an electronic copy. To inspect and/or obtain a copy of your medical record, please contact our Privacy Official. We may charge you a reasonable, cost-based fee limited to the costs of copying, mailing, or other supplies associated with your request.
- Request that we amend or correct your protected health information in your medical record or other group of records containing protected health information that we maintain in a designated record set that you think is incorrect or incomplete. All such requests, and the reasons supporting such requests, must be submitted in writing to our Privacy Official.
- Obtain an accounting of disclosures of your protected health information in the six (6) years prior to the date of your request, excluding disclosures to you; for treatment, payment, and health care operations; made pursuant to an authorization; and certain other disclosures. If you request more than one accounting in a 12-month period, we may charge you a reasonable, cost-based fee limited to the costs of providing the accounting. If a fee will be incurred, we will notify you of the cost in advance and you may choose to withdraw or modify your request.
- Request confidential communications or that we communicate with you about your protected health information by an alternative method. For example, you may request that we forward materials to an alternative address. All requests must be made in writing and forwarded to our Privacy Official. We will accommodate all reasonable requests.

Our Responsibilities

The Health Care Center is required to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice about our legal duties and privacy practices with respect to the protected health information we collect and maintain about you.
- Abide by the terms of our Notice of Privacy Practices currently in effect.
- Notify you in the event of a breach of unsecured protected health information.

Uses and Disclosures of Your Protected Health Information

We may use and disclose your protected health information for the following purposes:

1. Treatment. We may use and disclose your protected health information to provide, coordinate and manage your health care treatment and related services. We may disclose your protected health information to physicians, nurse practitioners, nurses, physical therapists and others involved in your health care, and consult with other health care providers regarding your treatment. Examples may include laboratories and providers of diagnostic tests. We may also use and disclose your protected health information when referring you to another health care provider so that they may render appropriate treatment.
2. Health Care Center operations. We may use and disclose your protected health information for activities related to the operations of the Health Care Center. This includes, for example, assessing the care and outcomes in your case and others like it; reviewing and evaluating the skills, qualifications, and performance of health care providers; providing training for the staff of the Health Care Center; cooperating with outside organizations that evaluate, certify or license health care providers or staff; and assisting with legal compliance activities.
3. Payment. We may use or disclose your protected health information for activities related to payment for treatment or services, when applicable. For example, we may disclose your protected health information to other providers (outside the Health Care Center) for referrals so they may bill and collect payment for treatment and services they provided to you.

4. To conduct business with our business associates. Certain services or activities are performed on behalf of the Health Care Center through arrangements with outside entities called business associates. Examples may include legal and accounting services. We may use and disclose your protected health information to these business associates so they may perform the job we have contracted with them to do. However, we require our business associates to appropriately safeguard such information.
5. Notification to individuals involved in your care. We may disclose certain of your protected health information to a family member, friend or any other individual who is involved in your health care or payment for your care, unless you object. In the absence of any objection or if you are incapacitated or in an emergency situation, we will exercise reasonable judgment in determining whether the use or disclosure of your protected health information is in your best interest.
6. Communication with you. We may intermittently contact you about Health Care Center services available to you (such as onsite mammography). We may send you appointment reminders and/or contact you about an upcoming appointment or a missed appointment, using the phone number you have provided to us.
7. Workers' compensation. We may disclose your protected health information to the extent authorized by workers' compensation laws or other similar programs established by law.
8. Notification of public health authorities and health care oversight agencies. We may disclose your protected health information to public health or other governmental authorities who are permitted by law to collect or receive such information for purposes of maintaining vital health records, such as births and deaths; preventing, monitoring or controlling disease, injury, disability, medications, and other health related activities; or receiving reports of suspected abuse or neglect. For example, disclosure may be made to the Centers for Disease Control and Prevention, Food and Drug Administration, Department of Health and Human Services. We may also disclose your protected health information to health oversight agencies authorized to conduct audits, investigations, inspections, licensure and disciplinary activities to monitor the health care system, governmental health care programs and compliance with certain laws.
9. Notifications for law enforcement. We may disclose your protected health information to law enforcement officials in circumstances where the disclosure is pursuant to certain legal processes or otherwise required by law. We may disclose limited information: (i) for the purpose of identifying or locating a suspect, fugitive, or material witness of a crime, or a missing person; (ii) about an individual who is or is suspected to be the victim of a crime in certain circumstances; (iii) to report a crime that has occurred on our premises; or (iv) in response to a medical emergency or death where it is believed that a crime has occurred.
10. Legal proceedings. We may use or disclose your protected health information when required by a court or administrative tribunal order or in response to a subpoena, discovery request or other lawful process, provided certain requirements are met.
11. Required by law. We may use or disclose your protected health information to the extent that use or disclosure is required by law.
12. Medical examiners or funeral directors. We may disclose protected health information relating to a death to coroners, medical examiners or funeral directors to enable them to carry out their lawful duties.
13. For cadaveric organ, eye or tissue donation. We may disclose protected health information to organ procurement organizations or similar entities relating to organ, eye, or tissue donations or transplants.
14. To avert a serious threat to health or safety. In order to avoid a serious threat to health or safety, we may disclose protected health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
15. For specialized government functions. We may disclose protected health information if it relates to the following: military personnel as required by military command authorities, national security and intelligence activities, and protective services for the President or foreign heads of state. We also may disclose protected health information to a correctional institution having lawful custody of you or in other law enforcement custodial situations.
16. Research. We may use or disclose your protected health information for research purposes under certain circumstances. However, any such research activities must adhere to certain approval processes in accordance with HIPAA.

Other Uses of Protected Health Information

Except as described in this Notice, we will not use or disclose your protected health information without your written authorization. Most uses and disclosures of psychotherapy notes and uses and disclosures for marketing purposes or that constitute a sale of your protected health information also require your written authorization. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures that were being processed before we received your cancellation or are otherwise permitted under this Notice.

Changes to this Notice

We reserve the right to change this Notice and to make the new provisions effective for all protected health information we maintain. If this Notice is changed, the revised Notice will be available upon request and we will post a revised Notice on our website and in the Health Care Center facility.

To Get More Information

If you have questions and/or would like additional information you may contact our Privacy Official using the contact information below.

Complaints

If you believe your privacy rights have been violated you may file a written complaint with our Privacy Official (see contact information below) or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Our Privacy Official

Our Privacy Official is Melonie Trice, who may be contacted at (919) 531-4379 or melonie.trice@sas.com.