

# Notice of Privacy Act- Phillips Medical Clinic

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

Phillips Medical Facility is required by law to provide you with this Notice of Privacy Practice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined in this Notice, to maintain the privacy of your PHI, and to notify affected individuals of a breach of unsecured PHI. If you have any questions about this Notice, please contact the Clinic. .

### **UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you are evaluated at Phillips Medical Clinic, a record of your visit is documented in the Electronic Health Record (EHR) containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to: plan your care and treatment, communicate with other health professionals involved in your care, document the care you receive, educate health professionals, provide information for medical research, provide information to public health officials, evaluate and improve the care we provide, and obtain payment for the care we provide. Understanding what is in your record and how your health information is used helps you to: ensure it is accurate, better understand who may access your health information, and make more informed decisions when authorizing disclosure to others.

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

**Treatment-Phillips** Medical Clinic may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to clinic personnel who are involved in taking care of you at our Clinic. Different departments of a clinic also may share health information about you in order to coordinate your care. We may also disclose health information about you to health care providers/facilities outside of the clinic who may be involved in your care after you leave a Facility.

**Payment-Phillips** Medical Clinic may use and disclose health information about you so that the treatment and services you receive at the Clinic may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also 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.

**Business Associates-**There may be some services provided in the Clinic through contracts with business associates. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**OTHER DISCLOSURES-**Federal and state laws may require or permit the Clinic to disclose certain health information related to the following Public Health Risks : Prevention or control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medications or problems with products, notifying people of recalls of products, notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease, notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Although your health record is the property of the Clinic, the information belongs to you. You have the following rights regarding PHI.

**Right to a Paper Copy of this Notice-**You have the right to a paper copy of this Notice of Privacy Practices even if you read and signed this agreement in the clinic.

**Right to Inspect and Copy**-You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care. Phillips Medical Clinic may deny your request to inspect and copy in certain very limited circumstances

**Right to Amend**-If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You must submit your request in writing. In addition, you must provide a reason for your request. In addition, we may deny your request if you ask us to amend information that : Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by or for the Clinic; or is accurate and complete.

**Right to an Accounting of Disclosures**-You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

**Right to Request Restrictions** -You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care.

**Right to Revoke Your Authorization**-If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Right to Request Alternate Communications**-You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. You must submit your request in writing to our Clinic. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Receive Notice of Breach**-You have the right to be notified upon breach of any of your unsecured Protected Health Information.

#### **CHANGES TO THIS NOTICE**

Phillips Medical Clinic reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. The Notice will specify the effective date of October 2, 2023. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Clinic.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services.

On completion of reading this notice; Please sign the Phillips Medical Clinic Acknowledgement of the Notice of Privacy Practices.

Last name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent if Patient is a Minor: \_\_\_\_\_