



NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

During the process of providing services to you, *FAMILY MEDICAL CENTERS* will obtain, record, and use mental health and medical information about you that is considered Protected Health Information (PHI). Ordinarily that information is confidential and will not be used or disclosed, except as described below. This Notice is required by a Federal law known as HIPAA and describes how we may use and disclose your Protected Health Information (PHI) in accordance with that law. *FAMILY MEDICAL CENTERS* is required to abide by the terms of this Notice, or any amended Notice that may follow. This Notice was effective February 21, 2017.

Our Obligations

FAMILY MEDICAL CENTERS is required by State and Federal law to maintain the privacy of Protected Health Information (PHI). *FAMILY MEDICAL CENTERS* is required by law to provide patients with notice of our legal duties and privacy practices with respect to Protected Health Information (PHI). There are circumstances where other State and Federal laws are more stringent (strict) than HIPAA, and in such cases, we will follow those laws with respect to the limitation on uses and disclosures of your information. We will notify you of a breach of your unsecured Protected Health Information (PHI).

Uses and Disclosures

FAMILY MEDICAL CENTERS may use and disclose Protected Health Information (PHI) without your consent in the following ways:

- **Treatment:** We will use and disclose your health information to provide, coordinate, or manage health care (including mental health care) and related services. For example, staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.
- **Payment:** We will use and disclose your health information for payment purposes. For example, we will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment.
- **Health Care Operations:** Health Care Operations refers to activities undertaken by *FAMILY MEDICAL CENTERS* that are regular functions of management and administrative activities. For example, we may use and disclose your health information in monitoring of quality improvement, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.

- *Contacting the Patient:* We may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
- *Required by Law:* *FAMILY MEDICAL CENTERS* will disclose Protected Health Information (PHI) when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when required to report certain communicable diseases and certain injuries; and (e) when a coroner is investigating a patient's death.
- *Health Oversight Activities:* *FAMILY MEDICAL CENTERS* will disclose Protected Health Information (PHI) to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, regulatory programs, or determining compliance with program standards.
- *Family Members:* Except for certain minors, incompetent patients, or involuntary patients, Protected Health Information (PHI) cannot be provided to family members without the patient's consent. In situations where family members are present during a discussion with the patient, and it can be reasonably inferred from the circumstances that the patient does not object, information may be disclosed in the course of that discussion. However, if the patient objects, Protected Health Information (PHI) will not be disclosed.
- *Crimes On The Premises Or Observed By FAMILY MEDICAL CENTERS Personnel:* Crimes that are observed by our staff, that are directed toward staff, or occur on *FAMILY MEDICAL CENTERS'* premises will be reported to law enforcement.
- *Business Associates:* Some of the functions of *FAMILY MEDICAL CENTERS* are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. Business associates are required to enter into an agreement maintaining the privacy of Protected Health Information (PHI).
- *Research:* *FAMILY MEDICAL CENTERS* may use or disclose Protected Health Information (PHI) for research purposes if the review board has granted a waiver of the authorization requirement or the information is de-identified.
- *Involuntary Patients:* Pursuant to State law, information regarding patients who are being treated involuntarily will be shared with other treatment providers, legal entities, third party payers, and others as necessary to provide care and case management coordination.
- *Fundraising:* *FAMILY MEDICAL CENTERS* may contact patients as a part of its fundraising activities. You may opt-out of receiving such communications.
- *Emergencies:* In life threatening emergencies, we may disclose information necessary to avoid serious harm or death.

Your Privacy Rights

You have the following rights with respect to your Protected Health Information (PHI). To exercise any of these rights, contact the *FAMILY MEDICAL CENTERS* IT-DATA-INFORMATICS Administrator at 740-532-3534, Extension 12034.

- *Access to Your Information:* You have the right to inspect and obtain a copy of the Protected Health Information (PHI) we maintain about you. There are some limitations to this right, which will be explained to you at the time of your request, if applicable.
- *Amendment of Your Record:* You have the right to request that *FAMILY MEDICAL CENTERS* amend (correct) your Protected Health Information (PHI). We are not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be explained to you at the time of your request, if relevant, along with the appeal process available to you.
- *Accounting of Disclosures:* You have the right to know when we have disclosed your information without your consent for purposes other than treatment, payment, and health care operations. There are other exceptions that will be explained to you, if applicable.
- *Request Restrictions.* You have the right to request additional restrictions on the use or disclosure of your health information. We do not have to agree to that request unless you ask us to restrict disclosure to a health plan that 1) is for payment or health care operations purposes and is not otherwise required by law, and 2) the Protected Health Information (PHI) relates solely to a health care item or service for which you paid us in full.
- *Confidential Communications:* You have the right to request that we communicate with you by alternative means or at alternative locations. For example, if you do not want us to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be explained to you at the time of the request process, if applicable.
- *Copy of this Notice:* You have a right to obtain another copy of this Notice upon request.

Complaints

If you believe *FAMILY MEDICAL CENTERS* has violated your privacy rights, you have the right to file a complaint with *FAMILY MEDICAL CENTERS*. To file a complaint, call *FAMILY MEDICAL CENTERS* Privacy Officer/Data Informatics Administrator Kyle Sowards at (740) 532-3534, Extension 12034. You may also file a complaint with the United States Secretary of Health and Human Services Office of Civil Rights via <https://ocrportal.hhs.gov/ocr/>.

Change To This Notice

FAMILY MEDICAL CENTERS reserves the right to change the terms of this Notice and to make the new provisions effective for all Protected Health Information (PHI) that we maintain. When the Notice is revised, the revised Notice will be posted in *FAMILY MEDICAL CENTERS* facilities and on our website at www.familymedicalcenters.org.