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## **NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**

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

If you have any questions about this notice, please contact Community Health Connection's (CHC's) Privacy Official at (918) 622-0641.

### **OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We will create a record of the care and services you receive from us. We do so to provide you with quality care and to comply with any legal or regulatory requirements.

This Notice applies to all of the records generated or received by CHC, whether we documented the health information, or another doctor forwarded it to us. This Notice will tell you the ways in which we may use or disclose health information about you. This Notice also describes your rights to the health information we keep about you and certain obligations we have regarding the use and disclosure of your health information.

Our pledge regarding your health information is supported by Federal law. The privacy and security provisions of the Health Insurance Portability and Accountability Act ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") require us to:

- Make sure that health information that identifies you is kept private;
- Make available this Notice of our legal duties and privacy practices with respect to health information about you; and

Follow the terms of the Notice that is currently in effect.

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

You have the following rights regarding health information we maintain about you:



**Right to Inspect and Copy:** You have certain rights to inspect and copy health information about you that may be used to make decisions about your care. Usually, this includes health and billing records and is information contained in a designated record set. This does not include psychotherapy notes, information compiled in anticipation of or use in a civil, criminal or administration action or proceeding, or information that is subject to or exempt from the Clinical Laboratory Improvements Amendment of 1988.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing on a form provided by us to: “The Privacy Official at CHC” at the address provided on the first page of this Notice. If you request a copy of your health information, we may charge a fee for the costs of copying (including supplies for and labor of copying), mailing, and preparing an explanation or summary of the health information (if you have requested such a summary and have agreed to such cost).

We may deny your request to inspect and copy in limited circumstances. If you are denied access to health information, in certain instances you may request that the denial be reviewed. In instances where you may request that the denial be reviewed, another licensed healthcare professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing on a form provided by us and submitted to: “The Privacy Official at CHC.”

We may deny your request for an amendment if it is not the form provided by us and does not include a reason to support the 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 our practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as later specified.

**Right to an Accounting of Disclosures:** You have the right to request a list (accounting) of any disclosures of your health information we have made, except for uses and disclosures (i) for treatment, payment, and health care operations, (ii) to individuals of protected health information



about them, (iii) incident to a use or disclosure otherwise permitted or required by this law, (iv) pursuant to an authorization signed by you, (v) for the facility's directory or to persons involved in your care, (vi) for national security or intelligence purposes, (vii) to correctional institutions or law enforcement officials.

To request this list of disclosures, you must submit your request on a form that we will provide to you. Your request must state a time period that may not be longer than six (6) years prior to the date on which the accounting is requested. The first list of disclosures you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within sixty (60) days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date should not exceed a total of ninety (90) days from the date you made the request.

**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 treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that access to your health information be denied to a particular member of our workforce who is known to you personally.

Additionally, you have the right to restrict certain disclosures of protected health information to a health plan where you pay out-of-pocket in full for the health care item or service.

*While we will try to accommodate your request for restrictions, under certain circumstances we are not required to do so* if it is not feasible for us to ensure our compliance with law or we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or you agree to terminate the restriction. To request a restriction, you must make your request on a form that we will provide you. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. During our intake process, we will ask you how you wish to receive communications about your health care or for any other instructions on notifying you about your health information and you agree to provide information as to how payment will be handled and specify an alternative address or other method of contact. We will accommodate all reasonable requests, provided that you have supplied information to us as to how payment will be handled and you have specified an alternative address or other method of contact.



**Right to a Paper copy of This Notice:** You have the right to obtain a paper copy of this Notice at any time upon request. You may also obtain a copy of this Notice on our website ([www.communityhealthconnection.org](http://www.communityhealthconnection.org)).

**Right to Notification:** You have the right to be notified following a breach of unsecured protected health information.

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

The following categories describe different ways that we may use or disclose health information about you. Unless otherwise noted each of these uses and disclosures may be made without your permission. For each category of use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, unless we ask for a separate authorization, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use health information about you to provide you with healthcare treatment and services. We may disclose health information about you to doctors, nurses, technicians, health students, volunteers or other personnel who are involved in taking care of you. They may work at our offices, at a hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other healthcare provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you may need to know if you have diabetes, because diabetes may slow the healing process. We may provide that information to a physician treating you at another institution.

Additionally, CHC may participate in an electronic health information exchange with other healthcare provider members, in which we send patient data to a network system committed to securing the information and allowing your data to be available to another member who is providing treatment to you. You may choose to not participate in, or 'opt out,' of this electronic health information exchange at any time.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, a state Medicaid agency or a third party. For example, we may need to give your health insurance plan information about your office visit so your health plan will pay us or reimburse you for the visit. Alternatively, we may need to give your health information to the state Medicaid agency so that we may be reimbursed for providing services to you. In some instances, we may need to 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.

**For Healthcare Operations:** We may use and disclose health information about you for operations of our healthcare practice. These uses and disclosures are necessary to run our



practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study healthcare delivery without learning who our specific patients are.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

**Fundraising Activities:** We may use health information about you to contact you in an effort to raise money for our not-for-profit operations. You may choose to not participate in, or ‘opt out,’ of fundraising communications at any time.

**Research:** There may be situations where we want to use and disclose health information about you for research purposes. For example, a research project may involve comparing the efficacy of one medication over another. For any research project that uses your health information, we will either obtain an authorization from you or ask an Institutional Review or Privacy Board to waive the requirement to obtain authorization. A waiver of authorization will be based upon assurances from a review board that the researchers will adequately protect your health information.

**Required Authorization:** We may not use health information about you without prior authorization for: (1) most uses and disclosures of psychotherapy notes (where appropriate); (2) uses and disclosures of protected health information for marketing purposes; and (3) disclosures that constitute a sale of protected health information.

## **SPECIAL SITUATIONS**

**Minors and Persons with Guardians:** Minors have all the rights outlined in this Notice with respect to health information relating to reproductive health care, except in emergency situations or when the law requires reporting of abuse and neglect. If you are a minor or a person with a guardian obtaining healthcare that is not related to reproductive health, your parent or legal guardian may have the right to access your medical record and make decisions regarding the uses and disclosures of your health information.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.



**Workers' Compensation:** We may release medical information about you to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths or conduct public health investigations;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- for health oversight activities; or
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Lawsuits and Disputes:** We may disclose medical information about you in the course of any judicial or administrative proceeding in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process if we (i) have received assurance that the party seeking the information has made reasonable efforts to give you notice of the request and you have not objected or the party seeking the information has secured a qualified protective order, or (ii) have made reasonable efforts to provide notice of the request to you or have sought a qualified protective order.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

- As required by law;
- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the individual agrees or we are unable to obtain the person's agreement because of incapacity or emergency;
- About a death we believe may be the result of criminal conduct;
- In an instance of criminal conduct at our facility; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, Health Examiners and Funeral Directors:** We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person



or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **CHANGES TO THIS NOTICE**

We reserve 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. We will post a copy of the current Notice in our facility, on our website, and you may request a paper copy of the Notice. The Notice contains the effective date at the bottom of each page.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us and with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact: “The Privacy Official at CHC” at the address on the first page of this Notice. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, 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 authorization, and that we are required to retain the records of the care that we provided to you.