

CLINTON FAMILY CARE LLC

PLEASE REVIEW CAREFULLY

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive in our facility. This record is necessary to provide you with quality care and to comply with certain legal requirements. Due to the nature of these services, we are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. We are also required to abide by the terms of the version of this notice currently in effect.

This notice will tell you about the ways in which we may use and disclose medical information about you, via any medium (written, oral, or electronic). We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- . Make sure that medical information that identifies you is kept private
- . Give you this notice of our legal duties and privacy practices with respect to medical information about you
- . Maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI)

Uses and Disclosures of PHI: We may use PHI for the purposes of treatment, payment and health care operations, in most cases without your written permission. Examples of our use of your PHI:

- 1) **For Treatment:** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment and may transfer your PHI via radio or telephone to the hospital or dispatch center.
- 2) **For Payment:** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
- 3) **For Health Care Operations:** This includes quality assurance, activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI without Your Authorization:

We are permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- . For the treatment, payment or health care operations activities of another health care provider who treats you
- . For health care and legal compliance activities
- . To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence)
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the healthcare system
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process
- For law enforcement activities in limited situations, such as when responding to a warrant
- For military, national defense and security and other special government functions
- To avert a serious threat to the health and safety of a person or the public at large
- For workers' compensation purposes, and in compliance with workers' compensation laws
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation
- For research projects, but this will be subject to strict oversight and approvals
- Use or disclose health information about you in a way that does not personally identify you or reveal who you are
- Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.