

# CASA SAN PIO CLINIC OF APPALACHIA

## HIPAA PRIVACY NOTICE

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

### **WHO DOES THIS NOTICE APPLY TO?**

These rules will be followed by:

- Any CASA employee authorized to enter information into your Chart.
- Other Health Care Providers who care for you.
- Any business associate with whom we share health information.

### **OUR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION:**

We understand that your health information is personal, and we are committed to protecting your privacy. We are required by law to maintain the privacy of protected health information and to provide our patients this Notice of our legal duties and privacy practices with respect to protected health information. Casa San Pio Clinic of Appalachia is required by law to abide by the terms of this Notice that is currently in effect. In an effort to provide the highest quality of care while complying with these guidelines, we will:

- Keep your health information private.
- Provide you with a copy of this Notice.
- Notify you if we are unable to agree to a restriction you have requested.
- Accommodate reasonable requests by you to communicate your health information by alternative means.

### **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:**

We may use and disclose health information about you in the following ways:

- **For your Treatment:** We will use or disclose medication information about you for treatment purposes to doctors, nurses, technicians and other caregivers in accordance with the medical authorization that you signed and provided to us. Information received by a nurse, physician, or other member of our Staff will be recorded in your Chart and used to determine your course of treatment. It may be sent to another Provider as part of a Referral for further health care and/or treatment.
- **To obtain payment for your Treatment:** We will use or disclose medical information about you so that the services we provide may be billed to and payment may be collected from you, an insurance company or a third party in accordance with the medical authorization that you signed and provided to us. A bill will be sent to you or your Insurance Company that will contain information that identifies you, your diagnosis, and any procedures and supplies that were used in your treatment. For example, if a patient has presented with abdominal pain, we will disclose the patient's medical condition to the patient's health plan so that the health plan will pay us or reimburse the patient for services provided. We may also contact the patient's health plan about a scheduled procedure in order to obtain prior authorization and/or to determine whether the patient's plan will cover the procedure.
- **To support our Health Care Operations:** We may use and disclose your medical information about you to support our health care operations. For example, we may need to disclose your medical information in order for us to review our services and to evaluate our staff's performance and to improve treatment methods. We may also use or disclose your medical information to obtain a medical consultation regarding your health care or treatment.

### **WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR PRIOR AUTHORIZATION UNDER THE FOLLOWING CIRCUMSTANCES:**

- **Appointments Reminders:** We may contact you for appointment reminders or to provide you with any information regarding your health.
- **Treatment Options:** We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- **Family & Friends:** We may disclose your medical information to family members, other relatives or close friends when the medical information is directly relevant to that person's involvement with your care or payment for care.
- **Notification:** We may use or disclose your medical information to notify or assist a family member, a personal representative or another person responsible for your care of your location, general condition or death.
- **Public Health Activities:** We may disclose your medical information for public health purposes such as preventing / controlling disease, reporting births, deaths, child abuse, neglect, domestic abuse, or to notify patients about recall of products they may be using.
- **Business Associates:** We may disclose your medical information to business associates with who we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.
- **Disaster Relief:** We may disclose your medical information to a public or private entity, such as American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.
- **Health Oversight Activities:** We may disclose your medication information to a health oversight agency for oversight activities which are authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and /or legal proceedings.
- **National Security and Intelligence Activities:** We may release your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Legal Proceedings:** We may disclose your medical information in the case of certain judicial or administrative proceedings
- **Law Enforcement:** We may disclose your medical information for certain law enforcement purposes or other specialized governmental functions.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose your medical information to a coroner, medical examiner or funeral directors to assist in carrying out their duties.
- **Organ Donation:** If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.
- **Research:** We may disclose your protected health information to researchers when authorized by law. For example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **Public Safety:** We may use or disclose your medical information to prevent or lessen a serious threat to your health and safety or the health and safety of another person or to the public.
- **Workers' Compensation:** We may disclose your medical information as authorized by law relating to workers' compensation or similar programs.
- **As Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.
- **Correctional Institutes:** If you are an inmate of a correctional institution or a resident of a group home, we may disclose health information necessary to protect the health and safety of other individuals.

#### **OTHER USES OF YOUR MEDICAL INFORMATION:**

We will not use or disclose your medical information for any other purpose not covered by this Notice without your written authorization. This includes most uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI. In any of these circumstances not covered by this Notice, we will ask you for your written authorization before using or disclosing your health information. If you give us authorization, you have the right to later revoke that authorization by notifying us in writing, unless action has already been taken by us to disclose the information upon receiving the authorization to:



Casa San Pio Clinic of Appalachia  
Attn: Privacy Official  
638 East College Ave, Suite B  
Stanton, Kentucky 40380

#### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

Although your health record is the property of Casa San Pio Clinics of Appalachia, you have the right to:

- **Request a restriction in writing.** We will consider your request, but we are not legally required to agree to any requested restriction. We will inform you of our decision.

- **Right to Paper Copy of this Notice:** You may request and obtain a paper copy of this Notice at any time.
- **Right to Inspect and Copy:** You have the right to inspect and receive copies of your medical information that may be used to make decisions about your care, which usually includes medical and billing records. We will respond to your request within thirty (30) days or sixty (60) days if your medical information is not available on site. A thirty (30) day extension may be granted by written notice that will include the reason for the extension of time.

Fees: There may be a fee for copies of your record. You will be notified before any charges are applied.

Denials: We may deny your request to inspect and/or receive copies of you medical information if it is not in writing and in other, very limited circumstances. You will receive a written notice of denial containing the reason for the denial and the procedure for review. In some circumstances, another licensed health care professional chosen by Casa San Pio Clinic of Appalachia Clinics of Appalachia to conduct a review your request and the denial. This will not be the same person who denied your request and we will comply with the outcome of the review. However, in some circumstances, our denial of a request by you to inspect and /or receive copies of your information is not subject to review.

- **Right to Amend:** If you feel that the medical information in your record is incorrect or that important information is missing, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Casa San Pio Clinic of Appalachia. We are not required to agree to any amendment if the information was not created by us (unless the person or entity who recreated the information is no longer available to make the amendment), maintained by us, or if we determine the record is accurate and complete. You may appeal such a decision in writing. In your written request, you must provide a reason that supports your request for amendment. If we approve your request, we shall make the amendment to your medical information and will inform you that we have made the amendment. We will make a reasonable effort to notify others that need to know about the change to your medical information.

Denials: We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. If your request for amendment is denied, we will provide you with a written statement of the basis for the denial and a description of how you may file a written statement of disagreement. If you do not file a statement of disagreement, you may request that your request for amendment and our written denial be provided with any future disclosure of your medical information.

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures stating to whom and to where your medical information has been disclosed for purposes other than treatment; payment; health care operations; disclosures made directly to you; disclosures authorized by you pursuant to a signed authorization; disclosures made for national security or intelligence purposes; and disclosures to correctional institutions and for other law enforcement purposes. Your request must include a time period, which may not exceed six (6) years prior to the date of the request and may not include any dates prior to April 14, 2003. Your request should indicate in what form (electronic or paper) that you would like your request to be processed. There is no charge for the first list you request, however if you make more than one request within the same year, we may charge you up to \$1.00 per page for each additional request. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical 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 medical information that we disclose about you to someone who is involved in your care, such as a family member or friend. For example, you may ask that we not use or disclose information about a procedure that you had. However, we are not required to grant your request. If we do grant your request, we will comply with your request unless the information is needed to provide you emergency medical treatment. In your request, you must tell us:
  1. What information you want to limit.
  2. Whether you want to limit our use, disclosure or both.
  3. To whom you want to limits to apply. For example, disclosures to your spouse.

You may request in writing a restriction of certain disclosures of PHI to a health plan when paying in full and out-of-pocket for a health care item or service.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a confidential way or at a certain/alternative location. For example, you may request that we only contact you at work or by mail. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted and we will accommodate all reasonable request.
- **Right to be Notified of Breach:** You have the right to be notified of a breach within sixty (60) days after a breach discovery. A breach is an unauthorized acquisition, access, use or disclosure of unsecured PHI in a manner not permitted by the HIPAA Privacy Rule that compromises the security or privacy of PHI.

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

Casa San Pio Clinic of Appalachia has the right to change this Notice at any time. We have the right to make the revised Notice effective for medical 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 the office with the effective date. You may request a copy of the current Notice at each visit.

#### **COMPLAINTS:**

If you have questions, would like additional information, or you believe your privacy rights have been violated, you may contact our Privacy Official via phone or mail at the address listed below. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights at the address listed below. Filing a complaint will not negatively affect the treatment that you receive.

#### **PRIVACY OFFICIAL**



**Casa San Pio Clinics of Appalachia**  
ATTN: Privacy Official  
638 B. East College Street  
Stanton, KY 40380

**U.S. Department of Health & Human Services**  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, DC 20201