

HEALTH OVERSIGHT:

Federal law allows us to release your protected health information to the appropriate health oversight agencies or for health oversight activities. **EXAMPLE:** Audits, investigations, inspections, and licensure. These are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

JUDICIAL/ADMINISTRATIVE PROCEEDINGS:

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

OTHER RESPONSIBILITIES:

The practice is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we can't accommodate a restriction or request.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain.

TO REQUEST INFORMATION OR FILE A COMPLAINT:

If you have any questions or would like additional information, you may contact the Practice's Privacy Officer or Clinic Administrator at (606)439-1316.

If you believe your privacy rights have been violated, you can file a complaint with the practice's privacy officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

PATIENT HEALTH INFORMATION RIGHTS:

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record,
- Obtain an accounting of disclosures of your health information,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

AVAILABILITY OF NOTICE OF PRIVACY PRACTICES:

A copy of our current Notice of Privacy Practices will be posted in our facility. You may obtain a copy of our Notice of Privacy Practices over the internet at our website www.hazardclinic.com.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose medical information about you, you may revoke the permission, in writing, at anytime. If you revoke your permission, we will no longer use or disclose medical 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.



“We bring the care back to healthcare”

Hazard Clinic provides this notice to comply with the Privacy Regulations issued by the department of health and Human Services in accordance with the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

271 East Main Street

Hazard, Ky. 41701

OFFICE (606)439-1316

FAX (606)435-0752

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (HIPAA)

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

(THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY THE PRACTICE FOR HAZARD CLINIC, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.) This notice describes our policies, which extend to:

- Any health care professionals authorized to enter information into your chart (including physicians, RNs, LPNs, etc.)
- All areas of the practice (front desk, administration, billing, collection, clinical, etc.)
- All employees, staff and other personnel that work for or with our practice;
- Our business associates (facilities to which we refer patients) on-call physicians and so on.

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; and Follow the terms of the notice that are currently in effect.

With your consent, the Practice is permitted to federal privacy laws to make use and disclosure of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination or test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services. You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

FOR TREATMENT:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, hospitals, students, nurses, technicians, or other practice personnel who are involved in taking care of you. FOR EXAMPLE: A doctor to whom we refer you for ongoing or further care may need your medical record. Different departments of the Practice also may share medical information about you in order to coordinate

information such as records, prescriptions, x-rays, etc. We also may disclose medical information about you to people outside the Practice, such as you referring physician, general practitioner, family members or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

FOR PAYMENT:

We may also use and disclose medical information about you so that the treatment and services you receive at the Practice may be billed to and payment may be collected from you, an insurance company, or any third party. FOR EXAMPLE, we may need to give your health plan information about treatment you received at the Practice so your health plan will pay us or reimburse you for the treatment. 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, to facilitate payment of a referring physician, or the like.

HEALTH-RELATED BENEFITS AND SERVICES:

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

EMERGENCY SITUATIONS:

In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that you family can be notified about your condition, status and location.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person that you identify, health information relevant to that person's involvement. This is particularly relevant in cases of an emergency situation. If this is something with which you are not comfortable, please let us know.

FOOD AND DRUG ADMINISTRATION (FDA):

As required by law, we may disclose to the FDA your protected health information relating to the adverse events with the respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

PUBLIC HEALTH:

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 deaths
- To report child abuse
- 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 contracting or spreading a disease or condition
- 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.

WORKER'S COMPENSATION:

If you are seeking compensation through Workers' Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers' Compensation. Please let us know if this visit is regarding Workers' Compensation prior to seeing the physician.

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 information about foreign military personnel to the appropriate foreign military authority.

LAW ENFORCEMENT:

We may release medical information if asked to do so by a law enforcement official.

- 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 a certain limited circumstances, we are able to obtain the persons agreement
- About criminal conduct at the Practice
- In emergency situations to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime.