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## **HIPAA Notice of Privacy Practices**

*Revised to reflect the 2013 HIPAA/HITECH Omnibus Final Rule*

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

***THIS NOTICE TAKES EFFECT ON APRIL 26, 2016 AND REMAINS IN EFFECT UNTIL WE REPLACE IT.***

### **OUR PLEDGE REGARDING PROTECTIVE HEALTH INFORMATION (PHI):**

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use, and share health information about you. We also describe your rights and certain duties we have regarding the use and disclosure of health information.

### **OUR LEGAL DUTY:**

#### Law Requires Us to:

1. Keep your health information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your health information. You may request a copy of this notice at any time.
3. Inform you when additional authorization forms are required and explain your rights.
4. To notify you following a breach of unsecured PHI.
5. To display this Privacy Notice in our office.
6. Follow the terms of the notice that is now in effect.

#### We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all PHI that we keep, including information previously created or received before the changes.



Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the notice available upon request.

**USE AND DISCLOSURE OF YOUR PROTECTIVE HEALTH INFORMATION (PHI):**

The following section describes different ways that we use and disclose PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not use or disclose your PHI for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us, except for the law or if the practice has relied on the authorization to disclose information.

FOR TREATMENT: We may use PHI about you to provide you with health treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share PHI about you to your other health care providers to assist them in treating you. To an individual identified by you or has the authority by law to make health care decisions for you.

FOR PAYMENT: We may use and disclose your PHI for payment purposes. Payment activities include billing, collections, liens, claims management, determination of eligibility and coverage, and insurance company or another third party, and an individual identified by you or has the authority by law.

FOR HEALTH CARE OPERATIONS: We may use and disclose your PHI for our health care operations. This might include measuring and improving quality, evaluation the performance of employees, conduction training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

**ADDITIONAL USES AND DISCLOSURES PROTECTIVE HEALTH INFORMATION (PHI):**

In addition to using and disclosing your PHI for treatment, payment, and health care operations, we may use and disclose PHI for the following purposes.

Court Orders and Judicial and Administrative Proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the PHI requested. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the PHI of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.



Disaster Relief: PHI with a public or private organization or person who can legally assist in disaster relief efforts.

Electronic Notice: You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (email).

Fundraising: We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

Funeral Directors, Coroner, and Medical Examiners: To help them carry out their duties, and by law, we may share the PHI of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Health Oversight Activities: We may disclose PHI to an agency providing health oversight for oversight activities authorized by law, including audits, civil, government programs, administrative or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Individuals Involved in Your Care or Payment for Your Care: We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Law Enforcement: Under certain circumstances, we may disclose PHI to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

Notification: PHI to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, and x-ray or health information for you.



Public Health Activities: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your health information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Required by Law: We may use or disclose your PHI when we are required to do so by law.

Research in Limited Circumstances: PHI for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of health information.

Secretary of Health and Human Services: We will disclose your PHI to the Secretary of the U.S. Department of HHS when required to investigate or determine compliance with HIPAA.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your PHI if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share PHI when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation: We may disclose PHI when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Other Uses and Disclosures of Protective Health Information (PHI): Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

## **YOUR INDIVIDUAL RIGHTS TO PROTECTIVE HEALTH INFORMATION (PHI):**

You have a Right to:

1. Look at or get copies of your health information, with limited exceptions. You must make your request in writing. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost base

fee, for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of the Notice for an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

2. Request that we place additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.
3. Request that we communicate with you about your PHI by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable request. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.
4. Request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny you the request under certain circumstances or if we did not create the information you want changed. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.
5. With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting disclosures of your PHI, you must submit your request in writing to our Privacy official. If you request this accounting more than once in a 12-month period, we will charge you a reasonable, cost-based fee for responding to additional requests.
6. You will receive notifications of breaches of your unsecured PHI as required by law.

**QUESTIONS AND COMPLAINTS ABOUT PROTECTIVE HEALTH INFORMATION (PHI):**

If you would like more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your rights, or if you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint the U.S. Department of Health and Human Services.



We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Our Privacy Official: Lisa Rick, Office Administrator

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