

**GREAT MINES HEALTH CENTER
NOTICE OF PRIVACY PRACTICES**

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability Act of 1996 (HIPAA), **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the Notice of Privacy Practices that we have in effect at this time. To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information.
- Your privacy rights in your identifiable health information.
- Our obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past and for any of your records we may create or maintain in the future. Our practice will post a copy of our current notice in our offices in a prominent location and you may request a copy of our most current notice during any office visit.

WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your identifiable information. There are examples, and while not exhaustive, do indicate the ways in which we may use your identifiable health information.

TREATMENT

Our practice may use your identifiable health information to treat you. For example, we may ask you to undergo laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your identifiable health information in order to write a prescription for you or we may disclose your identifiable health information to a pharmacy when we call and order a prescription for you. Many of the people who work for our practice, including our doctors and nurses, may use or disclose your identifiable health information in order to treat you or to assist others in your treatment. We may use or disclose your identifiable health information to another physician, health care provider, or third party (such as a home health agency) to coordinate and manage your health care. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your spouse, children or parents. Our practice can send or receive electronic prescription data, including electronic prescribing history, in regard to medications to or from pharmacies and insurance companies as needed for proper continuation of medical care or billing needs.

PAYMENT

Our practice may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits) and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs to you or your family members. Also, we may use your identifiable health information to bill you directly for services and items. Any insured patient may request to not have their claim submitted to their insurance plan or pay, in full, out-of-pocket.

HEALTH CARE OPERATIONS

Our practice may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your health information to evaluate the quality of care you received from us, training of students, licensing, or to conduct cost-management and business planning activities for our practice. For example, we may use a sign-in sheet at the front desk when you register for each appointment. We may call your name at the time of your appointment. We may use or disclose your identifiable information to call or contact you by mail to remind you of your appointment. Our practice may use and disclose your identifiable health information to inform you of potential treatment options or alternatives. Our practice may release your identifiable health information to a friend or family member that is helping you pay for your health care, or who assists in taking care of you. We will use and disclose your identifiable health information when required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

PUBLIC HEALTH RISKS

Our practice may disclose your identifiable health information to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths.
- Reporting child abuse or neglect.
- Preventing or controlling disease, injury or disability.
- Notifying a person regarding potential exposure to communicable disease.
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- Reporting reactions to a drug or problems with products or devices.
- Notifying individuals if a product or device they may be using has been recalled.
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- Notifying your employer under limited circumstances related primarily to workplace injury, illness, or medical surveillance.

HEALTH OVERSIGHT ACTIVITIES

Our practice may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil right laws, and the health care system in general.

LAWSUITS AND SIMILAR PROCEEDINGS

Our practice may use and disclose your identifiable health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

LAW ENFORCEMENT

We may release identifiable health information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain a personal agreement.
- Concerning a death, we believe may have resulted from criminal conduct.
- Regarding criminal conduct at our offices.
- In response to a warrant, summons, court order, subpoena or similar legal process.

- To identify/locate a suspect, material witness, fugitive or missing person.
- In an emergency, to report a crime (including the location or victim(s) of the crime, the description, identity or location of the perpetrator).

DECEASED PATIENTS: ORGAN AND TISSUE DONATION

Our practice may release identifiable health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. Our practice may release your identifiable health information to organizations that handle organ, eye or tissue procurement or transplantation; including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

SERIOUS THREATS TO HEALTH OR SAFETY

Our practice may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

MILITARY/NATIONAL SECURITY

Our practice may disclose your identifiable health information if you are a member of the US or foreign military forces (including Veterans) and if required by the appropriate military command authorities. Our practice may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials, foreign heads of state or to conduct investigations.

INMATES

Our practice may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for: (A) the institution to provide health care services to you (B) the safety and security of the institution, and/or (C) to protect your health and safety or the health and safety of other individuals.

WORKER'S COMPENSATION

Our practice may release your identifiable health information for worker's compensation and similar programs.

YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

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

CONFIDENTIAL COMMUNICATIONS

You have the right to request that our practice communicate with you about your health-related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer at 573-438-9355 specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not have to give a reason for your request.

REQUESTING RESTRICTIONS

You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members or friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion; (A) the information you wish restricted; (B) whether you are requesting to limit our practice's use, disclosure or both; and (C) to whom you want the limits to apply.

INSPECTIONS AND COPIES

You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your identifiable health information. Our practice may charge a fee for the cost of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Review will be conducted by another licensed health care professional chosen by us.

AMENDMENT

You may ask to amend your health information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason to support your request) in writing. Also, we may deny your request if you ask us to amend information that is: (A) accurate and complete; (B) not part of the identifiable health information kept by or for the practice; (C) not part of the identifiable health information which you would be permitted to inspect and copy; or (D) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

ACCOUNTING DISCLOSURES

All of our patients have the right to request an "accounting of disclosures." An "account of disclosures" is a list of certain disclosures our practice has made of your identifiable health information. In order to obtain an account of disclosures, you must submit your request in writing to the Privacy Officer. All requests for an accounting of disclosures must state a time period in which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.

RIGHT TO A PAPER COPY OF THIS NOTICE

You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the Privacy Officer at 573-438-9355.

RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note, we are required to retain records for your care. Again, if you have questions regarding this notice or our health information privacy policies, please contact the Privacy Officer at 573-438-9355.

LAST BOARD APPROVAL DATE: December 21st, 2020

Gar 5/5/2021



Consent to Treat or Notice of Privacy Practice Language Regarding Consent

Great Mines Health Center (GMHC) may participate in one or more health information exchanges (HIEs) and may electronically share your medical information for treatment, payment, health care operations, and other authorized purposes, to the extent permitted by law, with other participants in the HIEs. HIEs allow your health care providers, health plan, and other authorized recipients to efficiently access medical information necessary for your treatment, payment for your care, and other lawful purposes. The types of medical information that may be shared through HIEs, includes, but is not limited to: diagnoses, medications, allergies, lab test results, radiology reports, health plan enrollment and eligibility. Such information may also include health information that may be considered particularly sensitive to you, including: mental health information; HIV/AIDs information and test results; genetic information and test results; STD treatment and test results, and family planning information. The inclusion of your medical information in an HIE is voluntary and subject to your right to opt-out. If you do not opt-out, we may provide your medical information in accordance with applicable law to the HIEs in which we participate. More information on any HIE in which we participate and how you can exercise your right to opt-out can be found at: <https://gmhcenter.org/patient-forms/> or you may call us at (573) GET-WELL. If you choose to opt-out of data-sharing through HIEs, your information will no longer be shared through an HIE, including in a medical emergency; however, your opt-out will not modify how your information is otherwise accessed and released to authorized individuals in accordance with the law, including being transmitted through other secure mechanisms (i.e., by fax or an equivalent technology).