

HEALTH CARE PRIVACY NOTICE

Midwest Healthcare Center, S.C.

Audrey L., Privacy Officer

Our staff is committed to maintaining the privacy of your “protected health information” known as (PHI). PHI is information about you, including demographic information, that may identify you and that may relate to your present, future and past physical or mental health or condition and the care and treatment you receive from our practice. This Notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please read this Notice and address any questions, misunderstandings or concerns to the Compliance Officer of this office.

This office is required by law to abide by the terms of this Health Care Privacy Notice as well as all other applicable federal and state laws governing privacy practices in health care. Our office may change and/or modify the terms of this Notice at anytime without additional notice to you except to publicly post in our office and/or make available to patients any updated notices. A photocopy of this Notice is available to you upon request.

USE AND DISCLOSURE OF PHI

Our office may use and disclose your PHI for health care delivery purposes. Your PHI may be used by doctors/providers and staff of this office for the purposes of your care and treatment; for collection of compensation that you owe our office; and to support the operation of this practice. Your doctor and our staff will take all reasonable measures to maintain the confidentiality of your PHI.

Following is a list of situations where your PHI may be disclosed without your written authorization:

Business Associate: Your PHI may be used or disclosed to a business associate of our office from whom we have obtained assurances that they will safeguard your PHI and use it only for the purposes for which it was intended.

Emergency Situations: For your care, in an emergency situation, where written acknowledgment from you is not practical until after the emergency situation has ended.

Health Care Operations: For certain administrative, financial, legal, and quality control activities that are necessary to run this office and to support the core functions of treatment and collection of compensation due our office.

Legal Proceedings: If requested in judicial or administrative proceedings by court order, subpoena or by law enforcement personnel in an emergency.

Payment: The provider may disclose your PHI to a third party in order to obtain reimbursement for your health care services.

Your Personal Representative: Your PHI may be disclosed to a person who is authorized by state law to act on your behalf in making your health care decisions.

Public Health Purposes: Your PHI may be disclosed to legally authorized public health authorities for the purpose of the prevention, control, investigations, intervention, and reporting of disease, injury, disability and vital events such as births or deaths. Your PHI may be disclosed for public health activities such as child abuse, neglect, safety and effectiveness of a product regulated by the FDA, and persons at risk of contracting and spreading disease.

Research Purposes: Your PHI may be disclosed for research purposes, either with your written permission, or without any identifying characteristics.

Treatment: For the coordination or management of your health care services, your health care services, your health care provider may consult with another health care provider, a third party, or for the referral to another health care provider.

Worker's Compensation: State laws may permit disclosure of your PHI to comply with worker's compensation laws without your authorization, and where no minimum necessary standard is required.

MISCELLANEOUS

Normal Operation: We may use or disclose your PHI in the normal course of operations, notifying you of appointments, services, and clinic news. We also send welcome cards to our new patients and thank you cards to those that refer others for services.

Employee Limitations: Disclosure of your PHI will be limited to the members of the clinic and its workforce who may need access for treatment, payment or health care operations.

"Minimum Necessary" Standard: The disclosure of your PHI will be the minimum required to accomplish the intended purpose.

Your Rights: The Privacy Rule allows you the right to review and receive copies of your records as it relates to your health care. The request must be in writing, allowing your doctor/provider 30 days to respond. Your doctor/provider may deny your request if it will cause harm to you or to another person. Your doctor/provider may charge a copy fee, which will not exceed the amount permitted by State Law. The Privacy Rule also allows you the right to request limits on the disclosure of your PHI by your doctor/provider regarding treatment, payment and health care operations. Your doctor/provider may not agree to your restrictions, but would be bound by any restrictions you place in writing to the doctor/provider.

Your doctor/provider must comply with any reasonable request to have confidential information transmitted by alternative means, or to an alternative location if this will not endanger you.

You may request to have an amendment placed in your record if you disagree with something in your record. This does not mean that anything will be removed or changed; and, the doctor/provider has the right to respond with a rebuttal statement if he/she feels it is necessary.

You have a right to receive your doctor's/provider's Notice of Privacy Practices.

You may revoke authorization, in writing, at any time, except in the event that the doctor/provider has acted as indicated in the doctor's/provider's Authorization Notice.

You have the right to file a written complaint with our Privacy Officer if you believe that any of your privacy rights have been violated. You can obtain a complaint form from the Privacy Officer. It must be completed and filed within 180 days of when you knew or should have known that the violation occurred. You may also send a written complaint, either on paper or electronically, to the Office of Civil Rights (OCR). The Privacy law prohibits our office from taking any retaliatory actions against anyone who files a complaint.

This original notice is in effect as of January 1, 2008.

I, _____, (patient's name) acknowledge that I have read and was given a copy of the Notice of Privacy Practices for the Midwest Healthcare Center, S.C. and fully understand the same and have had all my questions answered to my satisfaction.

Printed Name of Individual

Signature of Individual

Signature of Legal Representative

Relationship

Date Signed

Witness