



This notice describes how your protected medical information may be used and disclosed, how you may access this information and our legal duties and privacy practices. This notice applies to all records of your care generated by or at this facility and/or our affiliates, by both our staff members and our healthcare providers. Except as described below, disclosures are made only with your consent.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: We will use and disclose your health information in the provision and coordination of your treatment(s). This may include attending and consulting providers, nurses and ancillary staff, students learning in our facility, or others outside the facility who are involved in your physical or mental care, including referrals for future care. We may use or disclose your information to recommend treatment options or alternatives.

Payment: We may use and disclose your health information for purposes of obtaining payment for services, including purposes of determining insurance coverage, billing and claims management, medical data processing and reimbursement. This information may be disclosed to an insurer, third party payor, or another entity who may be involved in the resolution of your bill(s). We may use your health information to obtain prior authorization for services that are scheduled to be rendered.

Healthcare Operations: We may use or disclose your health information to support the business activities of the clinic and the clinic's operations, including, but not limited to, quality assessment and improvement activities, employee reviews, student teaching and training, to compare our services to other facilities or licensing and accreditation purposes.

Business Associates: We will use and disclose your health information with and to our business associates that provide products or services on behalf or for our facilities, including, but not limited to, billing or coding services, legal services, accounting services, consulting services or information services. Whenever such a relationship exists, we will privately contract to protect your information.

Appointments: We may use or disclose your health information to contact and remind you of appointment(s) for treatment or care. We may use or disclose your health information by using a sign-in sheet on which your name and other information appears and calling you audibly by name in the presence of others in our facilities.

Medical Research: We may use or disclose your health information for medical research purposes, including researchers when their work has been approved and institutional review boards which evaluate ongoing progress and success. Most such research requires patient consent, but some aspects do not, and in some cases, we may use or disclose your health information to individuals who are preparing to conduct research with the understanding that any such disclosures will not be turned over to other parties thereafter.

Marketing: We may use or disclose your health information for certain marketing activities. For example, we may send you a newsletter about certain products or services we offer, or we may disclose your information to a third party who will provide similar marketing materials to you. This also might include clinic fundraising only (not for a third party or specific provider).

Family and Friends: We may use or disclose your health information to family or friends who are involved in your care or assisting in payment. We also may disclose information to family or friends to inform them of conditions or to verify your being treated by our staff.

Disaster Relief or Emergencies: We may use or disclose your health information to entities involved in disaster relief or responding in an emergency for appropriate purposes.

Regulatory Agencies: We may use or disclose your health information to oversight agencies for activities authorized by law or when required by law. This includes, but is not limited to, licensure, certification, audits, inspections and investigations. These activities are necessary for health oversight agencies to monitor the healthcare system, governmental programs and compliance with laws.

Health or Safety Threats: We may use or disclose your health information when it appears necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.

Public Health: We may use or disclose your health information to public health activities or authorities charged with preventing disease, disability or injury. For example, we will report the existence of communicable diseases to the state department of health, when appropriate. We may also report births and deaths, reactions to treatments, and abuse, neglect or domestic violence.

Organ and Tissue Donation: We may disclose your health information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs and/or tissue.

Coroners and Funeral Directors: We may use or disclose your health information for identification purposes, to determine a cause of death, to allow authorized individuals to perform legally mandated death-related activities, or in reasonable anticipation of death.

Workers' Compensation: We may disclose your health information to programs that provide benefits for work injury and illness.

Law Enforcement and Litigation: We may use or disclose your health information in response to a valid subpoena, discovery process or court order. This includes, but is not limited to, reporting to officials attempting to identify a suspect, fugitive, witness, missing person or a suspected victim of a crime. We also may disclose information related to suspicious circumstances or deaths, or information related to criminal conduct at our facilities to appropriate authorities.

Military: We may disclose your health information as required by military command if you are active duty or a veteran.

Inmates: We may disclose your health information to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement officer.

National Security and Intelligence: We may disclose your health information to authorized officials for intelligence, counterintelligence and other national security activities authorized by law, including protection of the President or heads of state.

Food and Drug Administration: We may disclose your health information to a person or entity required by the FDA to report adverse events, product problems, to assist with product recalls or for other related and authorized purposes.

Communicable Diseases: We may disclose your health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading the disease or condition.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to inspect a copy of your health information that is contained in a record set for as long as we maintain such records. A designated record set typically includes medical and billing records, but does not include psychotherapy notes. To examine a copy of your health information, a written request must be delivered to the clinic's privacy officer by mail or in person. A fee may apply. We may deny a request to examine a request in circumstances such as the expectation of use in a civil, criminal or administrative proceeding or when prohibited by law. Denials may be reviewed by our facility when brought to the attention of the Privacy Officer.

You have the right to request amendments to health records if they believe mistakes are present. Such requests must be made in writing and delivered to the clinic's privacy officer by mail or in person and include the specific reasons for the request. Amendment requests may be denied if (1) insufficient or incorrect rationale to justify the amendment; (2) the fact that SCI did not create the information; (3) the disputed information is not found in our records; and/or (4) the information is not accessible by the person requesting the amendment. Denials may be reviewed by our facility when brought to the attention of the Privacy Officer.

You have the right to request an accounting of disclosures we have made of your health information. This applies to certain disclosures as defined by law and does not apply broadly to all types of disclosures. To request an accounting, a written request must be delivered to the clinic's privacy officer by mail or in person and include a limited time period of less than six years. A fee may apply.

You may request restrictions or limitations on the disclosure of your health information, including requests we may receive and individuals who otherwise would be able to access your information. Such requests must be written and delivered to the clinic's privacy officer by mail or in person. They must include the information you want to limit, how you want the information to be limited and to whom you want the limitation to apply. We are not required to adhere to your request, though we will comply with your request, except in emergency situations and other situations in which your provider believes a disclosure to be in your best interest.

You may request communication be directed to you via alternative means or at alternative locations. To request confidential communications, a written request must be delivered to the clinic's privacy officer by mail or in person. Your request must include how and where you would like to receive communications, and we will attempt to accommodate all reasonable requests.

You have the right to request a paper copy of this notice at any time. To request a paper copy of the confidentiality notice, a written request must be delivered to the clinic's privacy officer by mail or in person.

You have the right to revoke your authorization to use or disclose your information, provided the written request is delivered to the clinic's privacy officer by mail or in person. By doing so, you acknowledge past disclosures may not be rescinded and that we are not required to retain our records of care that we provided to you.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We are required to follow the terms of this notice as currently in effect; however, we may change this notice at any time and apply the new notice to information already in our possession as well as information gained in the future. Upon receiving a written request, a copy of the new notice will be distributed.

Questions or complaints about this notice should be directed to the Privacy Officer or the Department of Health and Human Services.