



Crider Health Center NOTICE OF PRIVACY PRACTICES

Effective: May 1, 2002

§164.520(a-e)

§164.512(a-l)

***This notice describes how information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.***

Use and Disclosure of Your Health Information

Here at Crider Health Center, we use your Personal Health Information (PHI) to provide you with treatment and services, to receive payment for those services, and in our daily operations.

Treatment: We may disclose your Personal Health Information to those involved in your treatment on an as-needed basis. For example, your doctor may require you to have a blood test in the hospital lab. Your doctor would then need to speak with someone from the lab about the medical information gathered from your blood test. **Payment:** We may be required to use or disclose your Personal Health Information in order to obtain payment for services you receive at our facility. For example, when we bill your insurance provider, we may have to notify them of the services you receive from us in order to receive payment for those services. **Health Care Operations:** We may use and disclose your Personal Health Information in our everyday health care operations. For example, your information may be used to assist us in evaluating our performance as your health care provider. We may disclose information to Doctors, Clinicians, and other agency personnel for peer review or training purposes.

Uses and Disclosures Which Do Not Require Your Consent

State and federal law permit and/or require certain uses and disclosures of PHI for various purposes related to public responsibility. Such uses and disclosures may be made without the agreement or authorization of the individual. The following uses and disclosures fall within this category:

1. We may disclose your health information to a public health authority in order to prevent or control disease, to report birth or death, and to correctional institutions (if not objected by the inmate) for the purpose of public health investigations, interventions, and other related matters.
2. We may disclose your health information to the Food and Drug Administration (FDA) regarding his/her responsibility for quality, safety or effectiveness of an FDA regulated product or activity, to report adverse events, product defects or problems, track products, enable recalls, repairs or replacements, or conduct post-marketing surveillance.
3. We are mandated by law and clinical ethics to report information related to situations involving instances of abuse and neglect.
4. We are required to disclose your health information in response to a court order.
5. In the event of your death, we may disclose your health information to a coroner, medical examiner or funeral director to carrying out their duties, and to the designated organ procurement organization, and tissue and eye banks.
6. We are mandated by law and clinical ethics to disclose information to prevent an immediate threat to the health or safety of yourself or the public.
7. Disclosures of admitted participation in a violent crime are not permitted when the information is learned in the course of treatment entered into by the individual to affect his/her propensity to commit the subject crime, or through counseling, or therapy or a request to initiate the same.
8. We may disclose your health information to the Secretary of Health and Human Services related to compliance and enforcement efforts for the purpose of audits, investigations, inspections, or other activities.
9. We may disclose your health information for workers' compensation as authorized and to the extent necessary to comply with laws relating to workers' compensation and other similar programs.
10. **Specialized Government Functions:**
 - ***National Security and Intelligence:*** your health information may be disclosed to authorized federal officials for the conduct of lawful intelligence, counter intelligence, and other activities authorized by the National Security Act.

- *Protective Services:* your health information may be disclosed to authorized federal officials for the provision of protective services to the President, foreign heads of state, and others designated by law, and for the conduct of criminal investigations of threats against such persons.
- *Public Benefits:* your health information relevant to administration of a government program providing public benefits may be disclosed to another governmental program providing public benefits serving the same or similar populations as necessary to coordinate program functions or improve administration and management of program functions.

Our office may contact you at the address and/or telephone number you give us, in order to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Crider Health Center, our business associates or related foundations for the purpose of fundraising may use your demographic information and the dates you are provided health care by Crider Health Center. This information shall not contain your name or any other information that could reasonably be used to identify you.

All other uses or disclosures of your health information will be made only with your written authorization. You may revoke your written authorization at any time.

Your Rights

The federal law that protects the privacy of your health information gives you several rights. You have the right to have a copy of the notice of privacy practices of your health care provider, and updated notices will be mailed to your residence of record. You have the right to inspect and copy information in your record under the supervision and consent of your case manager. You may request changes to the information contained in your record. You have the right to request that restrictions be placed on us for the use and disclosure of your health information. Crider Health Center reserves the right to deny such requests based on the information outlined within this notice. You may also receive a list of the uses and disclosures of your health information made by Crider Health Center. Certain limitations apply. Finally, you have the right to receive communications from us regarding your health information in a confidential manner. If you wish to exercise any of these rights, please contact your case manager for assistance.

If you believe that any of these rights or your privacy rights has been violated, you have the right to complain to The Crider Health Center by contacting the Vice President of Administrative and Outpatient services at 636-332-6000 or to the Department of Health and Human Services at 1-877-696-6775. You are protected under federal law from retaliation for complaints you make.

Our Duties

We have a duty under the law to tell you our legal obligations regarding your health information. Our obligations are as follows: we must maintain the privacy of your health information; we must follow the terms of this notice; we have the right to change the terms of this notice, but if we do so, we must give you a copy of the new notice.

This notice shall be posted in a clear and prominent location where it is reasonable to expect individuals seeking services, to be able to read this notice. Furthermore, all individuals receiving services for the first time shall be given a copy of this notice prior to services being given.

Please sign below stating you have received Crider Health Center's Notice of Privacy Practices.

Patient Signature _____

Date: _____