

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

### **Our Commitment**

Our principal goal at Community Health Services of Union County, Inc. (CHSUC) is to keep you healthy and to offer services that will meet your needs. In order to perform these services, we collect, create, use, and disclose information about you. We are dedicated to keeping your health information private, in accordance with federal and state law. As required by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we provide you with this notice of our legal duties with respect to health information. We are required to follow the terms of this notice or any revision to it that is in effect. We reserve the right to make changes to this notice as allowed by law. Changes to our privacy practices will apply to all health information we maintain.

If we change this notice, you can access the revised notice using one of these options:

- At our clinic
- CHSUC's website at [www.chsuc.org](http://www.chsuc.org).

### **How We May Use and Disclose Your Health Information**

We may use your health information and disclose it to appropriate persons, authorities and agencies, as allowed by federal and state law. We may do this without your written permission for the following purposes:

- **Treatment** - As we treat you, we may need to use and disclose your health information to other health care providers within or outside of CHSUC. For example, a doctor may use the information in your medical record to find the best treatment option for you or a pharmacist may call your doctor to ask questions about a prescription. In some cases, our staff may use or disclose your health information to help your doctor and our health care teams manage your disease.
- **Health Care Operations** - We may use the information in your medical record to help us improve the quality or cost of the care we give or to respond to appropriate questions about the care provided. For example, we may study how doctors and nursing staff manage patient treatment. We may use your health information to look at the care you received from doctors, nursing staff, or other health care professionals. We may disclose your health information to another health care professional that you have seen so they may improve their quality or cost.
- **Reminders and Information Sharing** – We may use your health information to remind you of an appointment or to tell you about treatment options or health products and services that may be of interest to you.

### **Other Ways We May Disclose Your Health Information**

We may also use and disclose your health information without your written permission for the following purposes:

- **Family and Friends for Care and Payment** - Unless you request otherwise and in emergency situations, we may disclose information to your family members, relatives, close friends, or others who are helping care for you or helping you. For example, we may tell these persons where you are and how you are doing.
- **Disaster Relief Efforts** - We may disclose your health information to organizations for the purpose of disaster relief efforts.
- **Required by Law** - We may disclose your health information when required by law to do so.
- **Public Health** - We may disclose your health information to authorities to help prevent or control disease, injury, or disability. For example, we are required to report certain diseases (for example, cancer), injuries, birth or death information, and information of concern to the Food and Drug Administration (FDA).

- **Reporting Victims of Abuse or Neglect** - We may disclose your health information, if we believe you have been a victim of abuse or neglect, to a government authority if required or allowed by law, or if you agree to the disclosure.
- **Health Care Oversight** - We may disclose your health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensing, disciplinary actions, or legal proceedings. These activities are necessary for oversight of the health care system, government programs and civil rights laws.
- **Legal Proceedings** - We may disclose your health information in the course of certain legal proceedings. For example, we may disclose your information in response to a court order.
- **Law Enforcement** - We may disclose your health information to law enforcement officials for specific purposes. For example, we may disclose your health information when required by law to report certain injuries.
- **Death** - We may disclose your health information to coroners, medical examiners (for example, to find out the cause of death) and funeral directors so they can carry out their duties.
- **Organ, Eye, or Tissue Donation** - We may disclose information to people involved in obtaining, storing or transplanting donated organs, eyes or tissue.
- **Serious Threats to Health or Safety** - We may disclose your health information to the proper authorities if we believe in good faith that this will help prevent or lessen a serious threat to your or the public's health or safety. We do so as allowed by law and standards of ethical conduct.
- **Military, National Security, Law Enforcement Custody** - We may disclose your health information to the proper authorities so they may carry out their duties under the law. This applies if you are or were involved with the military, national security or intelligence activities. It also applies if you are in the custody of law enforcement officials or an inmate in a correctional institution.
- **Workers' Compensation** - We may disclose your information in order to comply with the laws related to workers' compensation or similar programs. These programs may provide benefits for work-related injuries or illness.

We may use or disclose your information only with your written permission, except as described in the previous sections. If you give us your permission, you may withdraw such permission at any time by notifying us in writing, except if we have already taken action based upon your permission.

#### **A Note on Other Restrictions**

Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your health information. If there are specific, more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV test results without obtaining your written permission, except as permitted by state law. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse. There may be other restrictions on how we use and disclose your health information than those listed above.

#### **Your Health Information Rights**

As a patient or customer who receives health care services from CHSUC, you have the right to:

- **Read and copy your health information** - With a few exceptions, you have the right to read and obtain a copy of your health information. We may charge you a reasonable fee if you want a copy of your health information. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- **To obtain your health information** – contact the clinic where you were treated.
- **To obtain your billing information** - contact the clinic at **(704)-296-0909**.
- **Request to correct your health information** - If you believe there is an error in your health information or something has been left out, you may ask us to correct the information. You must make the request in writing and give the reason why your health information should be changed. If we did not create the information you believe is incorrect, or if we disagree with you and believe your health information is correct, we will deny your request. You may appeal to us in writing if we deny your request.
- **To request a correction to your health information** - contact the Executive Director of the clinic where you were treated.

- **Request to restrict certain uses and disclosures of your information** - You have the right to ask that we restrict how your health information is used or disclosed. Under the law, we are not required to agree to your request. In some cases, we may not be able to agree to your request because we do not have a way to tell everyone who would need to know about the restriction. There are other instances in which we are not required to agree with your request.

We will inform you when we cannot find a way to carry out your request. You may request a restriction in these ways:

- Ask during the registration or sign-in process
- Ask the person giving you care (e.g., physician, nursing staff)
- Contact the Clinic Executive Director.
- **Receive information at a different place or by different means** - You have the right to ask that we send information to you in different ways or at different places. For example, you may wish to receive a test result at an address other than your home address. We will grant reasonable requests.
- **Receive a record of how we disclosed your health information** - You have the right to ask us in writing for a list of places or persons with whom your health information was disclosed during the past year. The list will contain the date your health information was disclosed to others, who received the information, a brief description of what was disclosed and why.

#### **Contact for Information, Questions, or Concerns**

If you have questions or concerns about your privacy rights, CHSUC's privacy-related policies or the information contained in this notice, please contact the Clinic Executive Director at the clinic where you were treated.

This notice is effective on and after August 24, 2010, unless and until it is revised by CHSUC.