

## **The Health & Wellness Center Notice of Privacy Practices**

Effective Immediately

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

The Health & Wellness Center is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. The Health & Wellness Center is required by law to abide by the terms of this notice.

### **HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:**

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for the services rendered, and by administrative personnel reviewing the quality of the care you receive. It applies to your medication information in written and electronic format.

We may also use and/or disclose your information without obtaining your prior written authorization in accordance with federal and state laws for the following purposes:

#### **Payment**

We may use medical information about you for our payment activities. Common payment activities include, but are not limited to: (1) Determining eligibility or coverage under a plan; and (2) Billing and collection activities. Example: Your medical information may be released to an insurance company to obtain payment for services. We may disclose medical information about you to another health care provider or covered entity for its payment activities. Example: We may send your health plan coverage information to an outside laboratory that needs the information to bill for tests that is provided to you.

#### **Treatment Information**

We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We maintain medical information about our patients in an electronic medical record that allows us to share medical information for treatment purposes. This facilitates access to medical information by other health care providers who provide care to you. Example: Your medical information may be disclosed to doctors, nurses, technicians, students or other personnel who are involved in taking care of you.

#### **Operations**

We may use your medical information for operational or administrative purposes. These uses are necessary to run our business and to make sure patients receive quality care. Common operation activities include, but are not limited to: Conducting quality assessment and improvement activities; reviewing the competence of health care professionals; Arranging for legal or auditing services; Business planning and development; Business management and administrative activities; and communicating with patients about our services. We may disclose medical information about you to another health care provider or covered entity for its operation activities under certain circumstances.

#### **Health Information Exchange**

We may participate in a health information exchange (HIE). Generally an HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in a HIE, we may share your health information with other providers that participate in the HIE or participants of other health information exchanges. If you do not want your medical information to be available through the

HIE, you must request a restriction. You can do so by completing an Opt-Out form from the Registration Clerk

#### **Treatment Alternatives**

We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

#### **Individuals involved in Your Care or Payment for Your Care**

We may release medical information about you to a friend, family member or legal guardian who is involved in your medical care. We may tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

#### **Health-Related Benefits and Services**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

#### **Directory**

We may include certain information about you in our directory while you are a patient at SHWC. This information may include your name, location in SHWC, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a minister, priest, or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. *If you do not want to be in our directory*, you will need to notify Registration personnel at the time of registration. You will be asked to complete an "opt out" form.

#### **Fund Raising**

We may contact you to inform you of fund raising activities for The Health & Wellness Center. We may disclose medical information to a foundation related to SHWC so that the foundation may contact you to raise money on our behalf. We only will release limited information, such as your name, address and phone number, the dates you received treatment or services at SHWC, the department in which you received services, your treating physician and your health insurance status for fundraising purposes. Each solicitation will include information on how to opt-out of receiving further fundraising communications from SHWC. You also may notify SHWC at any time at 1505 East Main, Stigler, OK 74462 to opt-out of receiving further fundraising communications.

#### **Required by Law**

We may disclose your medical information when required to do so by federal, state or local law.

#### **Public Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

#### **Public Health**

We may disclose medical information about you to public health activities intended to: (1) prevent or control disease, injury or disability; (2) Report births and deaths; (3) Report abuse, neglect or violence as required by law; (4) report reactions to medications or problems with products; notify people of recalls of products they may be using; or (5) notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

#### **Food and Drug Administration (FDA)**

We may disclose to the FDA and to manufactures health information relative to adverse events and respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

#### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Military/Veterans**

We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

**Inmates**

If you are an inmate of a correctional facility or under the custody of a law enforcement official or agency, we may release your medical information to the correctional facility or law enforcement official or agency. Your authorization is required for the following purposes: (1) psychotherapy notes. We must obtain your authorization to use or disclose notes maintained by a mental health professional about a counseling session; (2) sale of medical information. We must obtain your authorization virtually any time we intend to sell your medical information with minor exceptions; (3) Marketing. We must obtain your authorization to communicate with you about a particular product or service virtually any time we are paid to make the communication, with minor exceptions.

**Right to Inspect and Copy**

You have the right to inspect and obtain a copy of medical information used to make decisions about your care. SHWC provides you with access to your medical information in the form or format requested if it is available in such format. If you want a paper copy of your medical information we may charge a fee of \$1.00 for the first page and .50 cents for each subsequent page. We may charge a cost not to exceed \$0.12 per digital page and \$5.00 per radiology film. We may deny your request to inspect and/or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by SHWC will review your request and the denial. The person conducting the review will not be the person who denied your original request. We comply with the outcome of the review.

**Right to Amend**

If you feel that medical information that we created is incorrect or incomplete, you may submit a request for an amendment for as long as we maintain the information. You must provide a reason that supports your amendment request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that: (1) We did not create, unless the person or entity that created the information is not available to make the amendment; (2) Is not part of the medical information that we maintain; (3) Is not part of the information that you would be permitted to inspect and copy; or (4) Is accurate and complete.

**Right to an Accounting of Disclosures**

You have the right to request one free "accounting of disclosures" every 12 months. This is a list of certain disclosures we made of your medical information. There are several categories of disclosures that we are not required to list in the accounting. For example, we do not have to keep track of disclosures that are authorized. Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003. If you request more than one accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you unless our use and/or disclosure is required by law. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment

for your care, like a family member or friend. You can request a restriction if you do not want us to disclose your medical information to an HIE. We are not required to agree to your request unless you are requesting a restriction on the disclosure of information to your health plan and you pay out of pocket for the medical treatment provided. If we agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment to you. In your request, you must indicate: (1) The type of restriction you want and the information you want restricted; and (2) To whom you want the limits to apply, for example, your spouse.

#### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### **Right to a Paper copy of This Notice**

You have the right to a paper copy of this notice. Copies of this notice always will be available in our registration office.

#### **Health Oversight Activities**

We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, licensure, inspections, or disciplinary actions, administrative, and/or legal proceedings.

**Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose your medical information about you in response to a court or administrative proceedings. In limited circumstances, we may disclose medical information about you in response to a subpoena or discovery request.

#### **Law Enforcement**

We may release medical information if asked to do so by law enforcement official: (1) in response to a court order, warrant, summons or other similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct at the hospital; and (6) in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

#### **Coroners, Medical Examiners, and Funeral Directors**

We may release medical information to a coroner or medical examiner.

#### **Organ Donation**

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

#### **Research**

We may use or disclose your medical information for certain research purposes if an Institutional Review Board or a Privacy Board has altered or waived individual authorization, the review is preparatory to research, or the research is on only decedent's information. However, there are certain exceptions. Your medical information may be disclosed without your authorization for research if the authorization requirement has been waived or altered by a special committee that is charged with ensuring that the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your medical information. Your medical information also may be disclosed for researchers to prepare for research as long as certain conditions are met. Medical information regarding people who have died can be released without authorization when certain circumstances. Limited medical information may be released to a researcher who has signed an agreement promising to protect the information released.

#### **Business Associates**

We may disclose your health information to a business associate with whom we contract to provide

services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

**AUTHORIZATIONS:**

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may speak to any personnel at the nearest HWC facility or contact medical records personnel at (800) 640-9741. For a current list of Health and Wellness Center facilities please visit our website at [www.healthwellnessok.com](http://www.healthwellnessok.com).