

# Skiatook Family Clinic

201 East Second, Skiatook, OK 74070

## NOTICE OF PRIVACY PRACTICES

Skiatook Family Clinic keeps protected health information ("PHI") private. PHI is any information, including verbal, electronic, and on paper, that is created or received by Skiatook Family Clinic to provide health care to patients and for purposes of billing and payment for those services. PHI includes but is not limited to test results, notes written by doctors, nurses, other clinical staff, and general information such as your name, address, and telephone number included in your health care records and your billing records.

## THE HEALTH CARE PROVIDERS COVERED BY THIS NOTICE

This notice covers all Skiatook Family Clinic employees. The notice also covers other health care providers that come to Skiatook Family Clinic to care for patients (such as physicians, midlevel providers, therapists, and students not employed by Skiatook Family Clinic), unless these other health care providers give you their own notice of privacy practices.

## USE AND DISCLOSURE OF PHI WITHOUT YOUR PERMISSION

Below is a list of ways in which Skiatook Family Clinic may use or share your PHI without your advance permission:

**For Treatment:** We may share PHI about you with people involved in your care. For example, a doctor may need to look at your medical history before treating you. To the extent allowed by law, we may also participate with digital health information exchanges (HIEs) and their members. We may also send patient data to a network system committed to securing the information and allowing your data to be available to other members who provide treatment to you. If you do not want your information in the HIE, you must make a written restriction request through your provider.

**For Payment:** We may use and disclose your PHI for billing purposes. For example, we may share your PHI with your insurance company to receive payment for Skiatook Family Clinic's services. We may also share information with an ambulance company to bill for them taking you from Skiatook Family Clinic to a hospital for treatment.

## OTHER USES AND DISCLOSURES OF PHI WITHOUT YOUR PERMISSION

Skiatook Family Clinic may also use or share PHI without your permission for the following purposes:

- Public health activities such as reporting the occurrence of infectious diseases.

- Legal requirements such as reporting information about suspected victims of abuse, neglect, or domestic violence.
- Medicare and Medicaid program participation requirements.
- Legal proceedings, such as in response to a subpoena or court order.
- Law enforcement purposes, such as cooperating with the police or other law enforcement officials pursuing a criminal suspect.
- With medical examiners, coroners, and funeral directors.
- For organ and tissue donation purposes.
- To avert a serious health or safety threat.
- To comply with workers' compensation laws.
- With an entity legally authorized to assist in disaster relief efforts.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- For other purposes as required by law.

## PERMISSIVE USES OR DISCLOSURES

Skiatook Family Clinic may use or share your PHI for any of the purposes described in this section unless you specifically request writing that we do not. You must give your written request to Skiatook Family Clinic at the end of this notice.

We may contact you by mail, email, or telephone at the addresses and numbers provided by you to remind you of an appointment. We may leave voice messages at the telephone number you provide us and respond directly to your emails.

We may contact you by mail, email, or telephone at the addresses and numbers provided by you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

We may share PHI about you with a friend, family member, personal representative, or any individual you identify who is involved in your care or is paying for some or all of your care.

## USES AND DISCLOSURES REQUIRING YOUR WRITTEN PERMISSION

For any purpose other than the ones listed earlier in this notice, we may use or share your PHI only when you give us written permission.

## REVOKING YOUR AUTHORIZATION

If you give us written permission to use and share your PHI, you can take back your permission at any time, as long as you tell us in writing. If you take back your consent, we will stop using or sharing your information, but we cannot take back any information that we have already shared.

You have the following rights:

**Right to Request Restrictions:** You have the right to request any restrictions on uses or disclosures of your PHI. Skiatook Family Clinic is not required to accommodate all such requests but will make a

good faith attempt to accommodate the requested restriction. Skiatook Family Clinic reserves the right to review and deny such requests as allowed by law. Skiatook Family Clinic also reserves the right to terminate agreed-upon restrictions if we deem it appropriate. We will notify you of such termination. If you pay cash for a health care item or service before or when we provide the service, and request that Skiatook Family Clinic not share the PHI about that service with your health plan. In that case, we will not disclose the PHI about that service to the health plan unless required to do so by law.

**Right to Request Confidential Communication:** You have the right to request PHI in a particular form or at a specific location. Your request must be in writing. For example, you can ask that we not contact you at work, and you can tell us how and where you want to receive PHI. We will agree to reasonable requests. If we agree to your request, we will honor your request until you tell us in writing that you have changed your mind and no longer want confidential communication.

**Right to Inspect and Receive a Copy of Your PHI:** You have the right to review your PHI and to receive a paper or electronic copy of your PHI. Your request must be in writing. We may charge a fee for the cost of providing you with copies. We may deny your request to access and receive a copy of your PHI in rare situations when doing so is determined by a licensed health care professional to pose a serious risk of harm.

**Right to Request a Change to Your PHI:** You have a right to request that your PHI be corrected if you believe it contains a mistake or missing information. You must tell us the reasons for the change in writing. Skiatook Family Clinic will respond to your request but can deny your request if:

1. It is not in writing or does not include a reason for the change.
2. Skiatook Family Clinic did not create the information you want to change.
3. The information is not part of the medical record kept by Skiatook Family Clinic.
4. The information is not part of the information that you are permitted to inspect or copy.
5. The information contained in the record is accurate and complete.

**Right to Notice of a Breach:** Law requires us to tell you if there is a breach of your PHI. A breach can occur when safeguards to protect your PHI fail.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures of your PHI that we have made, with some exceptions. Your request must be in writing and must state the period for the requested information. Skiatook Family Clinic will not provide this information for a time period greater than six (6) years from the date of your request. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list.

**Right to Receive a Copy of this Notice:** You have the right to a copy of this notice. You may view and print a copy of this notice from our website at <http://www.skiatookfamilycare.com>. If you want a paper copy of this notice mailed to you or to exercise any of your rights outlined above, please send a written request.

**Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person you designate has the authority to act on your behalf before taking any action.

## PRIVACY COMPLAINTS

If you have questions about this notice or concerns about the privacy of your PHI, please contact our office manager.

We hope you will tell us if you have a concern so we can try to fix it, but you also have the right to file a complaint with the Office for Civil Rights (OCR) by sending a letter to 200 Independence Ave., S.W., Washington, D.C. 20201 or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). If you decide to report a complaint, we will not retaliate against you, and your complaint will not affect your ability to obtain care and treatment at Skiatook Family Clinic.

## CHANGES TO THIS NOTICE

We have the right to change this notice at any time. If we change this notice, we may make the new terms effective for all PHI we maintain. Any changes that we make will comply with federal, state, and other laws. The most recent copy of this notice will be on our website and posted conspicuously in our office. You can also call or write Skiatook Family Clinic at the address listed at the end of this notice to obtain the most recent version of this notice.

Skiatook Family Clinic  
ATTN: Office Manager  
201 East Second  
Skiatook, OK 74070  
(918) 396-1262

---