Notice of Privacy Practices

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

We keep a record of the health care services we provide, which you may also receive, and may use or disclose this information for treatment, payment, and health care operations. You have rights to know what information we have about you and how we use and disclose that information. You also have rights to request restrictions, and to your records be amended. This notice describes your rights and our duties to maintain the confidentiality of your health information, and to use or disclose it only as described below.

Our Core Mission: We are dedicated to improving our patients' health by providing safe, high-quality care in a compassionate and cost-effective manner.

Workplace Injury or Illness: We may disclose health information regarding workers' compensation claims as required by law. We may disclose health information established by law to address work related illness or injuries, or for medical services and supplies, or to make payments for any work-related injuries or illnesses. Such disclosures may be made by the Secretary of Labor or the Secretary of Health and Human Services or their designees.

Lawsuits and Disputes: We may disclose health information in response to a discovery request by an attorney representing you or the person you are acting on behalf of in a lawsuit.

Our Responsibilities
• We will make sure that your protected health information is used and disclosed only as described in this notice.
• We will not sell your protected health information.
• We will provide this notice to you as required by law; or to authorize federal officials so they may provide protective services during national emergencies, or to identify or locate a person for the purposes of investigation or to determine the course of your treatment.

Your Rights and Privacy Protections
You may exercise the following rights with respect to your protected health information. We will not deny your request unless it is unreasonable. We may ask you to specify the form in which you want to receive your information, for example, in hard copy form.

• Request a copy of your health record: Call Health Information Management to request a Release of Information or ask your provider. We charge a reasonable fee for copies. For example, we may charge you a copying fee for your health record.
• Request a list of disclosures: We will provide a list of disclosures if you request one. We may charge you a reasonable fee for the costs of the copies. We will not charge you a fee to request an accounting of disclosures that you are entitled to get for free under this notice.
• Request restriction of uses and disclosures: You may request restrictions on certain disclosures in your record. We will honor all restrictions on your record to the extent that we can do so without violating laws or this notice. We may not restrict certain non-identifying disclosures about you. We will not make the requested restriction if we believe it will endanger you or others.
• Request an amendment to your record: If you believe your record is incorrect or incomplete, you may ask us to amend it. We may deny your request if the information is accurate and complete, or if you did not provide us with documentation to support your request.

Our Responsibilities
• We will make sure that your protected health information is used and disclosed only as described in this notice.
• We will not sell your protected health information.
• We will provide this notice to you as required by law; or to authorize federal officials so they may provide protective services during national emergencies, or to identify or locate a person for the purposes of investigation or to determine the course of your treatment.

Your Rights and Privacy Protections
You may exercise the following rights with respect to your protected health information. We will not deny your request unless it is unreasonable. We may ask you to specify the form in which you want to receive your information, for example, in hard copy form.

• Request a copy of your health record: Call Health Information Management to request a Release of Information or ask your provider. We charge a reasonable fee for copies. For example, we may charge you a copying fee for your health record.
• Request a list of disclosures: We will provide a list of disclosures if you request one. We may charge you a reasonable fee for the costs of the copies. We will not charge you a fee to request an accounting of disclosures that you are entitled to get for free under this notice.
• Request restriction of uses and disclosures: You may request restrictions on certain disclosures in your record. We will honor all restrictions on your record to the extent that we can do so without violating laws or this notice. We may not restrict certain non-identifying disclosures about you. We will not make the requested restriction if we believe it will endanger you or others.
• Request an amendment to your record: If you believe your record is incorrect or incomplete, you may ask us to amend it. We may deny your request if the information is accurate and complete, or if you did not provide us with documentation to support your request.

Our Responsibilities
• We will make sure that your protected health information is used and disclosed only as described in this notice.
• We will not sell your protected health information.
• We will provide this notice to you as required by law; or to authorize federal officials so they may provide protective services during national emergencies, or to identify or locate a person for the purposes of investigation or to determine the course of your treatment.