

SHASTA COMMUNITY HEALTH CENTER
Notice of Privacy Practices No. 1
Implementation date: April 14, 2003

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.

Understanding your Health Record/Information

Each time you visit Shasta Community Health Center, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

Basis for planning your care and treatment.

Means of communication among the many health professionals who contribute to your care.

Legal document describing the care you received.

Means by which you or a third-party payer can verify that services billed were actually provided.

A tool in the education of health professionals who are being trained at SCHC.

A source of information for public health officials charged with improving the health of Shasta County.

A source of data for facility planning and marketing.

A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

Ensure its accuracy.

Better understand who, what, when, where, and why others may access your health information.

Make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

Although your health record is the physical property of SCHC, the information belongs to you. You have the right to:

Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.

Receive a paper copy of this *Notice of Privacy Practices* upon request.

Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524.

Request to amend your health record as provided in 45 CFR 164.528 and Calif. Health & Safety Code 123111.

Receive an accounting of disclosures of your health information as provided in 45 CFR 164.528.

Request confidential communications of your health information by alternative means or at alternative locations.

Receive confidential communications of personal health information from SCHC.
Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Shasta Community Health Center is required to:

Maintain the privacy of your health information.

Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

Abide by the terms of this *Notice of Privacy Practices*.

Notify you if we are unable to agree to a requested restriction.

Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our *Notice of Privacy Practices* and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will prominently display the revised *Notice* and offer paper copies of the revised *Notice* upon request.

We will not use or disclose your health information without your authorization, except as described in this *Notice*.

For More Information or to Report a Problem

If you have questions or would like additional information regarding this *Notice of Privacy Practices*, you may contact the Health Information Services Manager at 246-5735.

If you believe that your privacy rights have been violated, you can file a complaint with the Health Information Services Manager, with any of the Senior Management team of SCHC, or with the secretary of Health and Human Services. **There will be no retaliation for filing a complaint.**

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team, will be recorded in your record and used to determine the course of treatment that should work best for you. Your clinician will document in your record his or her observations, recommendations for treatment, and actions taken. Other members of your healthcare team may also record the actions they have taken and their observations in response to orders from your clinician, as well as any communications they may have with you. In that way, the clinician will know how you are responding to treatment and what further action needs to be taken.

We may also provide your health information to other clinicians or healthcare providers who may be involved in your care such as specialists, therapists, and hospitals to assist them in your care or treatment.

We will use your health information for payment.

For example: A bill may be sent to you or to a third-party payer for payment. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include transcription services, copy services we use when making copies of your health record, and billing services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do or to bill your third-party payer for services rendered. To protect your health information, however, we require the business associates to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care in an emergency situation.

Communication with family: Health professionals, using their best judgement, may disclose to a family member, or relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care (with your permission).

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information and with your agreement.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Patient Information: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

SHASTA COMMUNITY HEALTH CENTER

Notice of Privacy Practices 1

Implementation: April 1, 2003

Patient Acknowledgement

Your Health Information Rights

Although your health record is the physical property of SCHC, the information belongs to you.

You have the right to:

Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.

Receive a paper copy of this Notice of Privacy Practices upon request as provided by 45 CFR 164.520.

Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524.

Request to amend your health record as provided in 45 CFR 164.526 and Calif. Health & Safety Code 123111.

Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.

Request communications of your health information by alternative means or at alternative locations as provided by 45 CFR 164.502

Receive confidential communications of personal health information from SCHC as provided by 45 CFR 164.502.

Revoke your authorization to use or disclose health information except to the extent that action has already been taken as provided by 45 CFR 164.512.

Our Responsibilities

Shasta Community Health Center is required to:

Maintain the privacy of your health information.

Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

Abide by the terms of this Notice of Privacy Practices.

Notify you if we are unable to agree to a requested restriction.

Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Our office uses appointment reminder systems to remind you of your appointment. You may be called two or three days before to remind you of your appointment time, and, if necessary, a message may be left regarding that appointment.

Patient hereby acknowledges receipt of this Notice by signing below:

Signature _____

Print your name _____

Date: _____

* _____

Staff signature if patient refuses to acknowledge.

Place patient label here