

NOTICE OF PRIVACY PRACTICES

OUR PRIVACY COMMITMENT TO YOU

Family Health Centers understands the importance of keeping your personal and health information secure and private. This Notice informs you of your rights about the privacy of your personal information and how we may use and share it. We are required by law to protect the privacy of your health information and to give you a copy of the Notice of Privacy Practices.

As of April 14, 2003, Family Health Centers will comply with the health information privacy standards issued under the federal Health Information Portability and Accountability Act ("HIPAA").

This Notice describes Family Health Centers' legal duties and its policies and procedures regarding your Protected Health Information ("PHI"). Family Health Centers reserves the right to change our privacy practices and terms of this Notice at any time as permitted by applicable law. Any such changes will apply to all PHI the Family Health Centers maintain and will be communicated to you by revision of this Notice and available upon request.

Federal and state law allows us to use and disclose your PHI for purposes of treatment and health care needs. Beginning April 14, 2003, Family Health Centers are permitted by law to use and disclose your PHI without your prior authorization for purposes of treatment, payment, and health care operations.

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

USE AND DISCLOSURE OF HEALTH INFORMATION

The Family Health Centers have a limited right to use and/or disclose your Protected Health Information (PHI) for the purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Family Health Centers (FHC) has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF WHEN AND WHY YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. FHC may use your health information to coordinate or manage your care within FHC and with other individuals outside of FHC involved in your care, such as other health care professionals. For example, certain service providers involved in your care need information about your medical condition in order to deliver appropriate services. Health care providers include physicians, hospitals, and other health caregivers who provide services to you.

To Obtain Payment. FHC may include your health information in invoices to collect payment from third parties for the care you receive through FHC. For example, some health information is transmitted to the Ohio Department of Job and Family Services when billing transactions are conducted. The submitted medical bills will usually include information that identifies you, as well as the services or procedures provided.

To Conduct Health Care Operations. FHC may use and disclose health information for its own operations and as necessary to provide quality care to all of FHC's service recipients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and consumers with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of FHC.

As an example, FHC may use your health information to evaluate its staff performance, or combine your health information with other FHC consumers in evaluating how to more effectively serve all FHC consumers. Your health information may be disclosed to FHC staff and contracted personnel for training purposes, or to contact you as part of community information mailings (unless you tell us you do not want to be contacted). The information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

For Appointment Reminders. FHC may use and disclose your health information to contact you as a reminder that you have an appointment.

For Treatment Alternatives. FHC may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES WHEN YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED:

When Legally Required. FHC will use and disclose your health information when it is required to do so by any federal, state or local law and is limited to the relevant requirements of such law.

When There Are Risks to Public Health. FHC may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions;
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease;
- Under the Federal Drug Administration's jurisdiction for purposes related to the quality, safety, or effectiveness of a regulated product or activity.

To Report Abuse, Neglect or Domestic Violence. FHC is allowed to notify government authorities if FHC believes a patient is the victim of abuse, neglect or domestic violence. FHC will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. FHC may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. FHC, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. FHC may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when FHC makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by state law, FHC may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if FHC has suspicion that your death was the result of criminal conduct including criminal conduct at FHC.
- In an emergency in order to report a crime.

For Research Purposes. FHC may, under very select circumstances, use your health information for research provided that certain requirements are satisfied, including:

- Approval by an "Institutional Review Board" under federal regulations or by a privacy board that meets the requirements of HIPAA and
- Representations by the researcher that the PHI is necessary for the research.

To a Coroner or Medical Examiner or Funeral Director. FHC may disclose your PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law. FHC may disclose your PHI to a funeral director, consistent with applicable law, as necessary for the funeral director to carry out his or her duties. Such information may be provided in reasonable anticipation of your death.

For Organ, Eye or Tissue Donation Purposes. FHC may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

In the Event of a Serious Threat to Health or Safety. FHC may, consistent with applicable law and ethical standards of conduct, disclose your health information if FHC, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the federal regulations authorize FHC to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. FHC may release your health information to comply with laws relating to worker's compensation or similar programs established by law, that provide benefits for work-related injuries or illnesses without regard to fault.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, FHC will not disclose your health information without your written authorization. If you or your representative authorizes FHC to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that FHC maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on FHC's disclosure of your health information to someone who is involved in your care or the payment of your care. However, FHC is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Officer. FHC will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information.** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your request. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Privacy Officer, 1-740-947-7726. If you request a copy of your health information, FHC may charge a reasonable fee for copying and assembling records associated with your request.
- **Right to amend health care information.** You or your representative has the right to request that FHC amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by FHC. A request for an amendment of records must be made in writing to the Privacy Officer, 227 Valleyview Drive, Waverly, Ohio 45690. FHC may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by FHC, if the records you are requesting are not part of FHC records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of FHC, the records containing your health information are accurate and complete.
- **Right to know what disclosures have been made.** You or your representative have the right to request an accounting of disclosures of your health information made by FHC for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Officer, 227 Valleyview Drive, Waverly, Ohio 45690. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. FHC would provide the first accounting you request

during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- **Right to a paper copy of this notice.** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer, 1-740-947-7726.

DUTIES OF FAMILY HEALTH CENTERS (FHC)

The agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. FHC is required to abide by the terms of this Notice as may be amended from time to time. FHC reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If FHC changes its Notice, FHC will provide a copy of the revised Notice to you or your appointed representative.

Where to file a complaint

You or your personal representative has the right to express complaints to FHC and to the Secretary of Department of Health & Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to FHC should be made in writing to the Privacy Officer, 227 Valleyview Drive, Waverly, Ohio 45690. FHC encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 2201 or call 1-877-696-6775.

CONTACT PERSON

FHC has designated a contact person for all issues regarding patient privacy and your rights under the federal privacy standards. You may contact this person at 227 Valleyview Drive, Waverly, Ohio 45690.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

***FAMILY HEALTH CENTERS
Privacy Officer
227 Valleyview Drive
Waverly, Ohio 45690
(740) 947-7726***

**COMMUNITY ACTION COMMITTEE OF PIKE COUNTY, INC.
FAMILY HEALTH CENTERS
PATIENT RIGHTS AND RESPONSIBILITIES**

**MEDICAL/DENTAL
PATIENT RIGHTS**

1. To protect the confidentiality of your health information (see Notice of Privacy Practices attached).
2. To be informed of your rights and responsibilities in advance about care and treatment you will receive, any changes and who will provide them.
3. To be involved in the planning of your care.
4. To receive care appropriate to your needs regardless of race, color, national origin, sex, age, political affiliation, ancestry, disability, or religious belief.
5. To be informed of changes for services and/or changes in charges.
6. To refuse treatment to the extent permitted by law and to be informed on the consequences of said action.
7. To be informed on Advanced Directives and Living Wills.
8. To receive services from staff who are qualified through education and/or experience to carry out duties for which they are assigned.
9. To voice complaints about services contact:

Medical Complaints

Family Health Centers
Nurse Manager
227 Valleyview Drive
Waverly, OH 45690
(740) 947-7726

Dental Complaints

Family Health Centers – Piketon Dental
Dental Director
7777 U. S. Route 23
Piketon, OH 45661
(740) 289-3508

PATIENT RESPONSIBILITIES

1. To provide complete and accurate information about illness, hospitalizations, medications, and other matters pertinent to your health as well as any changes in address, phone or insurance/payment status information including HMO membership.
2. To inform us when you are not able to keep your scheduled appointment.
3. To treat our staff with respect.
4. To participate in your plan of care.
5. To cooperate with our staff and ask questions if you do not understand instructions or information given to you.
6. To assist us with billing and/or payments issued to help with the processing of third party payments.

DENTAL PATIENT RESPONSIBILITIES

If you are a Piketon Family Health & Dental Center dental patient receiving care, you are responsible for coming to your appointments on time.

Cancellations

If you cannot come to a scheduled appointment, please call the office at least one day prior to the appointment. This allows us to fill the time with another patient who has been waiting for care.

Late Arrivals

Please be on time for your appointment. If you are late, you may only be seen if scheduling allows. We have many emergency patients who wait on “standby”. These patients are seen when scheduled patients do not arrive on time.

Children Under 18 Years of Age

Although we would prefer to have a parent or guardian present at all appointments, we require that they come with their children for the first dental appointment. We cannot treat children under the age of 18 years without a daily permission note from a parent or guardian. Children who arrive without a parent, guardian or note will not be treated.

Missed Appointments

If you do not come to a scheduled appointment or cancel without at least 24-hour notice, it will be registered in your chart as a missed appointment.

If you miss three appointments in one year, whether by not coming, being late or canceling without at least 24-hour notice, we may dismiss you from the Piketon Family Health & Dental Center, and may request that all medical offices dismiss you from their programs.

Unattended Children

Children cannot be in the dental treatment rooms during treatment of their parents, guardians or other family members except in cases where the doctor deems it necessary. This is for the safety of the child. If children are disruptive in the waiting area, we will ask the parent, guardian or family members reschedule their appointment for another time when they can be present for care without their children or with proper supervision for their children.

Insurance Policies

It is your responsibility to know what your individual dental insurance policy covers. You will be responsible for paying any remaining balance that your insurance does not pay. If you need help understanding your policy, please ask our Dental Receptionist.