

YOUNG FOOT AND MEDICAL CLINIC

1607 S. Muskogee Ave. Ste. C, Tahlequah, OK 74464
P (918) 772-5456 F (918) 223-8400

NOTICE OF PRIVACY PRACTICES

Effective Date: September 24th, 2021

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. We consider the privacy of your health information of paramount importance.

This clinic creates a record of the care and services you receive in the clinic. Your medical records and billing information are systematically created and retained on a variety of media which may include computers and paper. That information is accessible to clinic personnel. Proper safeguards are in place to prevent and discourage improper use or access. We are required by law to protect your privacy and the confidentiality of your personal information and PHI. This notice describes your rights and our legal duties regarding your PHI.

Definitions: You, at times, may see or hear new terms in relation to this notice. Some of the terms you may hear and their definitions are:

Protected health information or PHI is your personal and protected health information (PHI) that we use to render care to you and possibly bill for services provided.

Authorization. We will obtain an authorization from you giving us permission to use or disclose your PHI for purposes other than for your treatment and to obtain payment of your bills.

This clinic may use and disclose your PHI without your authorization for the following:

Treatment. We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, students or other clinic personnel who are involved in taking care of you at the clinic. We may tell your other physicians about your clinic visit(s). You may also be referred to an outside physician for treatment.

Payment. We may use and disclose your PHI so that the treatment and services you receive at Young Foot and Medical Clinic may be billed to and payment may be collected from an insurance company or a third party. We may also tell your health plan about a treatment you were going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

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Business Associates. We may disclose your PHI to business associates who provide services on our behalf. However, we will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your privacy and confidentiality of your protected health information.

Appointment reminders. We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the clinic. This may be done through an automated system or by one of our staff members. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone. If you object to this method, you must tell us the method we are to use to contact you, as this is optional.

Health related benefits and services. We may use and disclose your PHI to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.

Individuals involved in your care and in disaster relief situations. You have the right and choice to tell Young Foot and Medical Clinic to:

- Share or not share PHI with family, close friends or others involved in your care.
- Share or not share PHI in a disaster relief situation. If you are not able to tell Young Foot and Medical Clinic your preference, for example if you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest or a legal document is produced specifying your desire. We may also share your information when needed to lessen a serious or eminent threat to health or safety.

As required by law. We will disclose PHI about you when required to do so by applicable federal, state or local law.

To avert a serious threat to health or safety. We may use and disclose PHI 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, however, would only be to someone able to help prevent the threat.

Military. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers compensation. We may release PHI about you for workers compensation or similar programs as authorized by applicable laws. These programs provide benefits for work related injuries or illness.

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Public health reporting. We may disclose PHI about you for public health activities, for example:

- prevent or control disease, injury or disability;
- report birth defects or infant infections; report cancer diagnoses and tumors;
- report child abuse or neglect;
- report reactions to medications or problems with products;
- notify people of recalls of products they may be using;
- notify the appropriate government authority that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, syphilis or other sexually transmitted diseases;
- notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence, if you agree or when required by law.

Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we shall disclose PHI about you in response to a court or administrative order which has jurisdictional authority. We shall also disclose PHI about you in response to a court of competent jurisdictions subpoena, discovery request or other law for process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- in response to a court of competent jurisdiction order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about criminal conduct at the clinic; and
- in emergency circumstances to report a crime; the location of the crime or victim; or the identity, description or location of the person who committed the crime.

Corners, medical examiners and funeral directors. We shall release PHI to a corner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Nationals Security and intelligence activities. We shall release PHI about you to authorize federal officials for intelligence, counter intelligence and other national security activities authorized by law.

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Your rights regarding PHI about you.

You have the following rights regarding PHI we maintain about you:

Right to inspect and copy. You have the right to inspect and request a copy of your PHI, except as prohibited by law. For PHI for which you have the right to access, you have the right to access and receive your PHI in an electronic format if it is readily producible in such format, and to direct Young Foot and Medical Clinic to transmit a copy to an entity or person you designate, provided such designation is clear, conspicuous and specific.

To inspect and/or request a copy of your PHI that maybe used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee of \$.25 a page to offset the cost associated with the request.

Right to request restrictions. You have the right to request a restriction or a limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us one what information you want to limit; to whether you want to limit our use, disclosure or both; and three to whom you want the limits to apply.

Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Right to breach notification. You have the right to be notified of any breach of your unsecured health information, unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You may obtain a copy of this notice at our website, youngfootandmedicalclinic.com. To obtain a paper copy of this notice, contact:

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Changes to this notice.

We reserve the right to change this notice. We reserve the right to make the revised or change notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the clinic. The notice will contain on the first page, near the top, the effective date.

Authorization for other uses a protected health information. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided you.

Complaints. If you believe your health information privacy rights or another violation of the Privacy or Security Rules have been violated you can file a complaint with the Office of Civil Rights (OCR) Secretary of the US Department of Health and Human Services. There is no retaliation against you for filing a complaint. To file a complaint with OCR, right or contact:

Office for Civil Rights Region VI - Dallas

U.S. Department of Health and Human Services

1301 Young Street, Suite 1169

Dallas, TX 75202

Phone: (214) 767-4056 Fax: (214) 767-0432 TDD (214) 767-8940

Email: ocrmail@hhs.gov

The complaint to OCR must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the standards. You will not be penalized for filing a complaint. If you have further questions, you can visit OCR's website at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or call OCR at 1-800-368-1019.