

Notices of Privacy Practices

THE HIPAA PRIVACY RULE PROVIDES FEDERAL PROTECTIONS FOR PERSONAL HEALTH INFORMATION HELD BY COVERED ENTITIES AND GIVES PATIENTS AN ARRAY OF RIGHTS WITH RESPECT TO THAT INFORMATION. AT THE SAME TIME, THE PRIVACY RULE IS BALANCED SO THAT IT PERMITS THE DISCLOSURE OF PERSONAL HEALTH INFORMATION NEEDED FOR PATIENT CARE AND OTHER IMPORTANT PURPOSES.

THE SECURITY RULE SPECIFIES A SERIES OF ADMINISTRATIVE, PHYSICAL, AND TECHNICAL SAFEGUARDS FOR COVERED ENTITIES TO USE TO ASSURE THE CONFIDENTIALITY, INTEGRITY, AND AVAILABILITY OF ELECTRONIC PROTECTED HEALTH INFORMATION. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by federal law to provide you with this notice. This notice describes our privacy practices, legal duties, and your rights concerning your Protected Information. Health information becomes Protected Information when it is matched with another piece of information that identifies the individual or from which the individual could reasonably be identified (for example: name, SSN, address, DOB). Protected Information is individually identifiable information that is maintained on paper, orally or in any form or medium.

- Our Commitment to Your Privacy: As a health service provider responsible for the information that we collect about you, your privacy is important to us. We are committed to protecting the confidential nature of your medical information to the fullest extent of the law. In addition to various laws governing your privacy, we have our own privacy policies and procedures in place. These are designed to protect your information.
- Our Legal Duties: We are required by applicable federal and state laws to keep certain information about you private. We treat your medical and demographic information that we collect as part of providing our services, as Protected Information. It is our policy to maintain the privacy of Protected Information in accordance with federal law except to the extent that applicable state law provides greater privacy protections. This Notice of Privacy Practices was drafted to be consistent with federal privacy regulations. Any terms not defined in the Notice will have the same meaning as they have in federal privacy regulations.
- Our Primary Uses and Disclosures of Your Protected Information: We may use and disclose your Protected Information without your specific authorization for the purposes of:

Treatment Activities: Activities performed by our clinical staff related to the provision, coordination or management of treatment provided to you.

Payment Activities: Activities undertaken to obtain reimbursement or to determine or fulfill our responsibilities for treatment. These include activities such as determining insurance eligibility or coverage, billing, second party payees, and collection activities.

Health Care Operation Activities: Activities such as credentialing, business planning, research and development, quality assessment and improvement, medical management, and business management. When using and disclosing your Protected Information in our payment and health care operation activities, we may only request, use, and disclose the minimum amount of your Protected Information necessary to complete the activity.

Other Uses and Disclosures of Your Protected Information: You may also give us written authorization to use or disclose your Protected Information to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your Protected Information for any reason except as described in this notice. The following is a description of other possible ways we may (and are permitted by law to) use and/or disclose your Protected Information without your specific authorization.

Family and Friends: If you are unavailable to agree, we may disclose your Protected Information to a family member, friend or other person when the situation indicates that disclosure would be in your best interest. This includes a medical emergency or disaster relief. If you are available and agree, we may disclose your Protected Information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

Research: We may use or disclose your Protected Information for research purposes in limited circumstances specified in federal and state privacy regulations.

Required by Law: We may use or disclose your Protected Information when we are required to do so by law. For example, we must disclose your Protected Information to the U.S. Department of Health and Human Services upon request in order to determine if we are in compliance with federal privacy laws. We may disclose your Protected Information to comply with worker's compensation or similar laws.

Legal Process and Proceedings: We may disclose your Protected Information in response to a court or administrative order, subpoena, discovery request, or other lawful process. These disclosures are subject to certain administrative requirements imposed by the federal privacy regulations and permitted by state law.

Military and National Security: We may disclose to military authorities the Protected Information of Armed Forces personnel under certain circumstances specified by federal privacy regulations. We may also disclose to authorized federal officials Protected Information required for lawful intelligence, counter-intelligence, and other national security activities.

Individual Rights: You have the right to inspect and obtain copies of your Protected Information for as long as your information is maintained in our designated record set. Our designated record set includes records from historical information, case history, clinical records, laboratory observations, films, audio and video recordings and all other products of clinical work, experiments, observations or treatment, billing, claims, and medical management systems, as well as any other records we maintain in order to make decisions about your treatment.

We provide copies in photocopy, and/or audio/video format where applicable. We reserve the right to charge a reasonable fee for copies of Protected Information that we provide. Any request to exercise your individual right of access to your Protected Information must be in writing. We will respond to your request for access within 30 days of receiving the request.

- Disclosure Accounting: You have the right to request and receive an accounting of disclosures of your Protected Information made by us. We are not required under federal privacy regulations to provide you with an accounting of certain types of disclosures. The most significant types include:
 - Disclosures to persons involved in your care
 - Disclosures for disaster relief, national security or intelligence purposes
 - Disclosures that are incidental to a permitted use or disclosure

To request an accounting of disclosures, you must send a written request to our business office.

- **Restriction Request:** You have the right to request that we restrict the use or disclosure of your Protected Information for treatment, payment or health care operations activities. You also have the right to request that we restrict disclosure to relatives, friends, or other individuals that may be involved in your care or payment for your health care. We are not required to agree to such a request for restriction. To request a restriction, you must direct your written request to our business office.
- Fundraising Activities: HCRI is a 501(c)(3) not-for-profit, tax exempt, charitable organization. Please write to us at our address if you wish to have your name removed from the list to receive fundraising requests supporting HCRI in the future. In the event you contact us with this request, all reasonable efforts will be taken to ensure that you will not receive any fundraising communications from us in the future.