



The U.S. Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health care information is protected for privacy. The Privacy Rule was created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of protected health information (PHI) about the patient, in order to carry out treatment, payment or health care operations.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum information to only those we feel are in need of your health care information, treatment, payment and/or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and we may have to disclose PHI for the purposes of treatment, payment, or other health care operations. These entities are most often not required to obtain patient/guardian consent.

You may refuse to consent to the use or disclosure of your PHI, but this must be in writing. Under the law, we have the right to refuse to treat you, should you refuse to disclose your PHI. If you choose to give consent in this document, at some future time, you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

- Inspect and obtain a copy of your health information, which includes billing information.
- Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Any request for amendment must be sent in writing to the Center Director/Compliance Officer or designee.

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

- An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.
- Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. Any request for a restriction must be sent in writing to the Center Director/Compliance Officer or designee.

We are required to agree to your request only if 1) except as otherwise required by law the disclosure to your health plan and the purpose is related to payment or health care operations (and not treatment purposes) and 2) your information pertains to health care services for which you have paid in full. **For other requests we are not required to agree.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- Request Confidential Communication: you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. CHCP will grant reasonable requests for confidential communications at alternative locations and or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by CHCP and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.
- Complaints: if you believe your privacy rights have been violated you may file a written complaint with the Center Director/Compliance Officer or designee. You may also file a complaint with the Secretary of US Department of Health and Human Services.

CHCP may disclose your PHI:

- To business associates we have contracted with to perform agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- To inform Funeral Directors consistent with applicable law;
- For population based activities relating to improving health or reducing health care costs; and
- For conducting training programs or reviewing competence of health care professionals.

When disclosing information, primarily appointment reminders and billing efforts, we may leave messages on your answering machine/voice mail.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding services, health reminders, disease management programs, wellness programs or other community based initiatives or activities involving CHCP.

CHCP and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to PHI in their offices to assist in reviewing past treatment as it may affect treatment at this time.

**As required by law**, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Military Command Authorities
- Health Oversight Agencies
- Funeral directors, Coroners and Medical Directors
- National Security and Intelligence Agencies

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions, and revoke consent in writing after you have reviewed our privacy notice.

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**COMPLIANCE ASSURANCE NOTIFICATION FOR OUR PATIENTS**

To Our Valued Patients:

The misuse of PHI has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers, and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule". We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate use of PHI-in accordance with the governmental rules, laws, and regulations. We want to ensure that our practice never contributes, in any way, to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We also know that we are not perfect! Because of this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation properly and promptly.

Thank you for being one of our very highly valued patients!