

**Your Information.
Your Rights.
Our Responsibilities.**

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.**

Your Rights

You have the right to:

- Get a copy of or request a correction to your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Request a list of those outside our organization with whom we've shared your information
- Receive a copy of this privacy notice
- Designate someone to speak with your healthcare providers or receive information about you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2 for more information on these rights and how to exercise them**

Your Choices

You have some options in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Share mental health and substance use care
- Use a health information exchange
- Market our services or fund raising projects to you

➤ **See page 3 for more information on these choices and how to exercise them**

Our Uses and Disclosures

We may use and share your information as we:

- Treat you, operate our organization and bill for services
- Help with public health and safety issues
- Perform approved research
- Comply with the law
- Work with a medical examiner or funeral director
- Address suspected child or elderly abuse
- Respond to certain accreditation or government requests
- Respond to lawsuits and legal actions
- Share your information with our staff for care

➤ **See pages 3 and 4 for more information on these and additional uses and disclosures**

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law or regulations requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Designate someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we may have violated your rights by contacting our privacy officer at hipaa@chhcoh.com or through our office or by phone 918-426-2442
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Share your information regarding substance abuse and mental health

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Use of Health Information Exchange

- To provide safer and more efficient care we may utilize an electronic health information exchange (HIE) to share medical records. The HIE exchanges records between our facility and other providers who are also treating you in their facilities and are also members of the exchange. We do not share information from patients in our mental health program to the HIE without a release and do not share any information from our substance use program. If you do not want to participate in the exchange please let us know and we will help opt you out.

Other Data Sharing

- We only share your data according to our Notice of Privacy Practices.

In the case of marketing or fundraising:

- We may contact you regarding our internal services or fund raising projects. You may ask us to stop. We never market or sell data!

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to evaluate the quality of care we provide to you.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information about the kinds of public health reporting we are required to do, or about any research you may be invited to participate in, please ask us.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research when an Institutional Review Board and our organization approves

Comply with the law

- We will share information about you if state or federal laws require it

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- With your approval, we can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

In cases of suspected child or elderly abuse

- We are required by law to report cases of suspected child or elderly abuse or neglect

Share information with our staff

- Our organization shares information between our various programs, including mental health and substance abuse. Please let us know if you have any specific issues with this

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order. We may share information in response to a subpoena, if you have signed an authorization or if you have been given required notices in advance by the person seeking the information.

Disclose to a professional licensing board

- We will disclose to professional licensing boards that may be investigating a healthcare provider

When failure to disclose may present a threat to the health or safety of a person or the public

- We will disclose information to persons that may be affected or be able to assist when the public safety or the safety of a person may be involved
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- If you have a question or concerns about how your health information is being handled by us please let our privacy officer know by phone at 918-426-2442, by email at hipaa@cchcok.com or by mail at Caring Hands Healthcare Centers, P.O. Box 1992, McAlester, Ok 74502.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by phone 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- If we change any significant terms in this Notice of Privacy Practice we will make the new version available in the office when you come for care.
- We must follow the duties and privacy practices described in this notice and make a copy of it available..

Effective Date of Notice December 10, 2019