

# HIPAA NOTICE OF PRIVACY PRACTICES

**Hardeman County Community Health Center Corporation  
Bolivar Health Center, Henderson Health Center, Stanton Health Center**

Effective Date: May 14, 2018

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS  
TO THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY**

If you have any questions about this notice, please contact Linda Lovelace, Privacy Officer at (731) 658-3388

## **WHO WILL FOLLOW THIS NOTICE?**

• Hardeman County Community Health Center, Stanton Health Center, Henderson Health Center

All these entities sites and locations follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or health care share health information with each other for treatment, payment, or health care operations purposes described in this notice.

## **OUR PLEDGE REGARDING HEALTH INFORMATION:**

HCCHC is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to patients' PHI. This notice describes legal rights, advises of our privacy practices and outlines how HCCHC is permitted to use and disclose PHI about our patients.

HCCHC is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without permission, but there are some situations where we may use it only after we obtain our patients written authorization, if we are required by law to do so.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

The following categories describe different ways that HCCHC may use PHI for the purposes of payment and health care operations, in most cases without written permission. Examples of our use of PHI:

**For Treatment:** This includes the provision: coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient: or the referral of a patient for health care from one health care provider to another.

**For Payment:** This includes any activities we must undertake in order to get reimbursed for the service provided to our patients, including such thing as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts. HCCHC will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary

amount to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our patients' information.

**For Health Care Operations:** This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services conducting business planning, processes, grievances and complaints, and creating reports that do not individually identify you for data collection purposes.

**Notification in the Case of a Breach:** HCCHC is required by law to notify our patients in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired used or disclosed in violation of privacy regulations.

HCCHC is permitted to use PHI without written authorization, or opportunity to object in certain situations, including:

1. For HCCHC's use in obtaining payment for services provided or in other health care operations;
2. To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
3. To another health care provider (such as the hospital) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with our patients and the PHI pertains to that relationship;
4. For health care fraud and abuse detection or for activities related to compliance with the law;
5. To a family member, other relative or close personal friend or other individual involved in our patients care if we obtain verbal written agreement to do so or if we give our patients an opportunity to object to such a disclosure and you do so or if we give our patients an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to family, relatives or friends if we infer from the circumstances that there is no objection. We will require written authorization from the patient to release this information. In situations where our patients are not capable of objecting (because the patients are not present or due to incapacity or medical emergency) we may, in our professional judgment, determine that a disclosure to our patient's family member, relative or friend is in the best interest. In that Situation, we will disclose only health information relevant to that person's involvement in our patient care;
6. To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease) as required by law;
7. For health oversight activities including audits or government investigations, inspections, or disciplinary proceedings and other administrative or judicial actions undertaken by, the government (or their contractors) by law to oversee the health care system;
8. For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
9. For law enforcement activities in limited situations, such as when there is a warrant for the request or when the information is needed to locate a suspect or stop a crime;
10. For military, national defense and security and other special government functions;
11. To avert a serious threat to the health and safety of a person or the public at large;
12. For workers' compensation purposes and in compliance with workers' compensation laws;
13. To coroners, medical examiners and funeral directors for identifying a deceased person, determining cause of death, or carrying out their duties as authorized by law; and
14. If our patient is an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ donation and transportation.

Any other use or disclosure of PHI, other than those listed above, will only be made with written authorization (the authorization must specifically identify the information we seek or use or disclose, as well as when and how we seek to use or disclose it).

Authorization may be revoked at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

**PATIENT RIGHTS:** Our patients have a number of rights with respect to the protection of their PHI.

HCCHC will permit individuals to exercise patient right.

The right to access, copy, or inspect PHI. This means our patients may come to our offices and inspect and copy most of the medical information about them that we obtain in both paper and electronic format. We will generally permit access, copying or inspection of PHI. NOTE: Information held electronically will be provided in electronic form if requested by the patient by the patient.

The right to amend PHI. Our patients have the right to request in writing that we amend their medical information. We will consider amending any patients' PHI.

The right to request an accounting of our use and disclosure of an individual's PHI. Our patients may request an accounting from us of certain disclosures of their medical information that we have made in the last six years prior to the date of the request.

We are not required to give an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations.

We also are not required to give an accounting of our uses of PHI for which we already have a written authorization for such use. To request an accounting of the medical information that we have used or disclosed that is not exempted from the accounting requirement, contact the Privacy Officer listed at the end of this Notice.

**The right to request that we restrict the uses and disclosures of an individual's PHI.** Our patients have the right to request that we restrict how we use and disclose their medical information that we have for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in their health care. But, if the information is needed to provide emergency treatment, then we use the PHI or disclose the PHI to a health care provider to provide them with emergency treatment. **NOTE: Our patients have a right to a restriction to disclosure of PHI to a health plan for payment if the patient has paid in full for the services and items provided in that visit.**

**Revisions to the Notice:** HCCHC reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our website, if we maintain one. Our patients may ask for a copy of the latest version of this notice at their next visit or by contacting the Privacy Officer identified below.

**YOUR LEGAL RIGHTS AND COMPLAINTS:** Our patients also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if they believe their privacy or security rights have been violated. Complainants will not be retaliated against in any way for filing a complaint with us or to the government. Should our

patients have any questions, comments or complaints they may direct all inquiries to the Privacy Officer listed at the end of this Notice. If you have any questions or you wish to file a complaint or exercise any rights listed in this Notice, please contact: **Privacy Officer, Linda Lovelace, CFO, Hardeman County Community Health Center, P.O. Box 720, Bolivar TN 38008.**

To complain to the Secretary of Health and Human Services please use the following information and address: Office of Civil Rights US Dept. of Health and Human Services 200 Independence Ave SW Washington DC 20201

**Effective Date of the Notice: May 14, 2018**

### **Acknowledgement of Receipt of this Notice**

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice and listing persons authorized to access your records. This can be revised at any time by completion of a new form. If you choose, or are not able to sign, a staff member will sign their name, date. This acknowledgement will be filed with your records.