



PLEASE REVIEW CAREFULLY

I. This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information.

II. We Have A Legal Duty To Safeguard Your Protected Health Information (PHI):

We are legally required to protect the privacy of your health information. We call this information Protected Health Information, or PHI, and it includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for this health care. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in the Medical Records Department. You can also request a copy of this notice from the contact person listed in *Section V* below at any time and can view a copy of the notice on our web site at www.clayhealth.com.

III. How We May Use And Disclose Your Protected Health Information (PHI):

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

We may use and disclose your PHI for the following reasons:

1. **For Treatment:** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example: if you are being treated for a woman's health issue; we may disclose your PHI to another facility / entity in order to coordinate your care.
2. **To Obtain Payment for Treatment:** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example: we may provide portions of your PHI to our billing section and your health plan to get paid for the health care services that we provided to you; we may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
3. **For Health Care Operations:** We may disclose your PHI in order to operate the Health Center. For example: we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you; we may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

B. Certain Uses and Disclosures Do Not Require Your Authorization:

We may use and disclose your PHI without your authorization for the following reasons:

1. **When A Disclosure is Required by Federal, State, or Local Law, Judicial or Administrative or Law Enforcement:** For example: we make disclosures when law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence, when dealing with gunshot and other wounds, or when ordered in a judicial or administrative proceeding.
2. **For Public Health Activities:** For example: report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
3. **For Health Oversight Activities:** For example: we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **For Research Purposes:** In certain circumstances, we may provide PHI in order to conduct medical research.
5. **To Avoid Harm:** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
6. **For Specific Government Functions:** We may disclose PHI of military personnel and veterans in certain situations, and for national security purposes such as protecting the President of the United States or conducting intelligence operations.
7. **For Worker's Compensation Purposes:** We may provide PHI in order to comply with worker's compensation laws.
8. **Appointment Reminders and Health-Related Benefits or Services:** We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer.
9. **Fundraising Activities:** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the person listed in *Section V*.

C. Uses and Disclosures to Which You Have the Opportunity to Object:

1. **Disclosure to Family, Friends, or Others:** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. **You Are Not Present:** If you are not present, and in our judgment, or in an emergency, may disclose information, but only to the extent we believe is necessary; for example: if another person is needed to pick up medication for you.
3. **Disaster Relief:** We may disclose information to agencies helping with disaster relief if we think disclosure is necessary to coordinate relief.

D. All Other Uses and Disclosures Require Your Prior Written Authorization:

In any other situation not described in *Section III- A, B, and C*, we will ask you for your written authorization before using or



disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any **future** uses and disclosures (to the extent that we haven't taken any action relying on the authorization.)

IV. What Rights You Have Regarding Your Protected Health Information (PHI):

You have the following rights with respect to your PHI:

A. The Right to Request Restrictions on Certain Uses and Disclosures of Your PHI:

You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but are not legally required to accept it. If we accept your request, we will put any restrictions in writing and abide by them except in an emergency situation. You may not restrict the uses and disclosures that we legally are allowed to make.

B. The Right to Receive Confidential Communications of Your PHI:

You have the right to ask that we send information to you to an alternate address, for example: sending information to your work address rather than your home address by alternate means, for example: email or regular mail. We must agree to your request as long as we can easily provide it in the format you requested.

C. The Right to Inspect and Obtain Copies of Your PHI:

In most cases, you have the right to inspect or obtain copies of your PHI that we have, but you must make the request in writing. Proof of identity is required.*If we don't have your PHI, but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we will charge you a fee for copying and for each page according to the fee for Medical Records per Section 191.227, RSMO. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. The Right to Obtain an Accounting of Disclosures of Your Health Information:

You have the right to get an accounting of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 13, 2003.

We respond within the 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to who PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year we will charge you a fee for each additional request.

E. The Right to Amend Your PHI:

If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is any one of the following:

1. Correct and complete
2. Not created by us
3. Not allowed to be disclosed
4. Not part of our records

Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement regarding the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. The Right to Get This Notice by Email:

You have the right to get a copy of this notice by email. Even if you have agreed to receive notice via email, you also have the right to request a paper copy of this notice.

V. Complaints Regarding Your Protected Health Information (PHI):

If you think that we may have violated your privacy right, or you disagree with a decision we made about access to your PHI, you may file a complaint with our Privacy Officer listed below or with the Department of Health & Human Services. If a complaint is made, we will not take retaliatory action against you.

Privacy Officer
Clay County Public Health Center
800 Haines Drive
Liberty, MO 64068
816-595-4200

VI. Effective Date Of This Notice:

This notice went into effect on April 13, 2003.

- *Amended 2/13/2004
- **Amended 2/10/2005
- ***Amended 2/6/2013