

## **Genesis PrimeCare**

### **NOTICE OF PRIVACY PRACTICES**

Effective Date: November 2016

THIS NOTICE DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you should have any questions about this notice, please contact: Compliance/Privacy Officer at 903-927-3782

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

- ✓ Any health care professional that is authorized to enter or retrieve information into your clinic record.
- ✓ All employees of the clinic.
- ✓ All departments of Genesis PrimeCare and other satellite locations. All these locations will follow the terms of this Notice. In addition, these locations share medical information with each other for treatment, payment or clinic operations purposes described in this Notice.

We understand that medical information about our and your health is personal, and we are committed to protecting this information. We create a record of the care and services you receive at the clinic. Typically, this record contains your symptoms, examination and test result, diagnoses, treatment plan for further care or treatment and billing record. This record serves as a

- Basis for planning your care and treatment;
- Means of communication among the many health care professionals who contribute to your care;
- Means by which you or a third-party payer can verify that services billed were provided;
- Tool for educating health professionals;
- Source of information for public health officials; and;
- Tool for assessing and continually working to improve the care rendered.

We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated or received by the clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make every effort to the privacy of medical information that identifies you;
- Give you this notice of our legal duties a privacy practices with respect to medical information we collect and maintain about you;
- Follow the terms of this notice and any amendments made to it; and
- Accommodate reasonable requests you may have to communicate health information by alternative mean or at alternative locations.

#### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we may use and disclose your medical information. We will explain what we mean and give some examples for each category of uses or disclosures. It is not possible to list every use or disclosure in each category. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

∞**For Treatment** We will use you with medical treatment or services. We will disclose medical information about you to doctors, nurses, technician, medical student, nursing student or other clinic personnel who are involved in your care. For example, if your provider is going to do a procedure on you, he/she may want to know if you have any heart problems. Different departments of the clinic also may share information about you in order to coordinate the different things you need, such as lab work, x-rays, or prescription. We may also disclose medical information to people outside of the clinic who may be involved in your medical care. These include hospital personnel, specialists, home health agencies or other providers or agencies we use to provide services that are part of your care. This includes psychiatric or HIV information if needed for purposes of your diagnosis and treatment.

∞**For Payment** We will use and disclose medical information about you so that the treatment and services you receive at the clinic may be billed and payment may be collected from you, an insurance company, or a third party. We will also tell your health plan about a treatment or procedure you are going to receive to obtain prior approval or to determine whether your plan will cover the services. Only limited psychiatric or HIV information may be disclosed for billing purposes without your authorization. If you are in a substance abuse program, your special authorization will be needed for most disclosures other than emergencies.

∞**For Health Care Operations** We may use and disclose medical information about you to clinic operations. These uses and disclosures are necessary to run the clinic in an efficient manner and ensure that all our patients receive quality care. In addition, medical records are audit for timely documentation and correct billing. We may combine your medical information with other medical information from other clinics to compare how we are doing and see where we can make improvement in the care and services we offer. We may remove information that identifies you for this set of medical information so that health care and health care delivery can be studied and improved without learning who the specific patients are.

∞**Appointment Reminders** We may use and disclose medical information to contact you as a reminder that you have an appointment with a certain provider that is coming up. With your consent, such reminders may be provided to you through text messages or emails.

∞**Research** Under certain circumstances, we may use and disclose medical information about your for-research purposes. All research projects, however, are subject to a special approval process.

∞**As Required by Law** We will disclose medical information about you when required to do so by federal or state laws or regulations.

#### ∞**To Avert a Serious Threat to Health or Safety**

We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

## SPECIAL SITUATIONS

∞ Organ and Tissue Donation If you are an organ donor, we may release medical information to organizations that handle procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ tissue donation and transplantation.

∞ Military and Veterans If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

∞ Workers' Compensation We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

∞ Qualified Personnel We may disclose medical information for research or for management audit, financial audit or program evaluation, but the personnel may not directly or indirectly identify you in any report of the research, audit, evaluation or otherwise disclose your identity in any manner.

∞ Public Health Risk We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition.
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will make these disclosures when required or authorized by law to do so. Where required by law, we will inform you that we have made such disclosures. All such disclosures will be made in accordance with the requirement of state and federal law and regulations.

∞ Health Oversight Activities We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include audits, information about you in response to a subpoena, discovery request or other lawful process, investigation, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance and to enforce health related civil rights and criminal laws.

∞ Lawsuits and Disputes If you are involved in certain lawsuits for administrative disputes, we may disclose medical information about you in response to a court order or administrative order. With your authorization or in cases where the law requires that we release your medical information, we may also disclose medical information about you in response to a subpoena, discovery request or other lawful process.

∞ Law Enforcement We may release medical information if asked to do so by law enforcement official.

- In response to a court order or subpoena;
- To identify or locate a missing person;
- If a provider determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.

∞ Coroners, Medical Examiners and Funeral Directors We may release medical information to a coroner or medical examiner when authorized by law.

∞ Inmates If you are an inmate of a correctional facility, may release medical information about you to the correctional facility for the facility to provide you with health care.

∞ Other Uses or Disclosures Any other use or disclosure of PHI will be made only upon your individual written authorization. This includes, but is not limited to, records for your personal files, insurance companies for coverage application, attorneys, family members, other medical facilities that are not currently involved in your medical care. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

∞ Breach of Your Medical Information In the event that your medical or billing is accidentally lost or given to an unauthorized individual or business, we are required by law to notify you by certified mail within 30 days of discovery.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

**Right to Inspect and Copy** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy note. Your written authorization is required to receive a copy of your psychotherapy note. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Record Coordinator, Genesis PrimeCare, P.O. Box 1326, Marshall, Texas 75671. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, including psychotherapy notes, you may request that the denial be reviewed. Another licensed health care professional chosen by the clinic will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcomes of the review.

**Right to Amend** If you feel that medical 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 the clinic.

To request an amendment, your request must be made in writing and submitted to the Medical Record Coordinator, PO Box 1326, Marshall, Texas 75671. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request in addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical record or kept by the clinic;
- Is not part of the medical record in which you would be permitted to inspect and copy; or
- Is inaccurate and incomplete.

**Right to an Accounting of Disclosures** You have the right to request an “accounting of disclosure”. This is a list of the disclosures we made of your medical record without your authorization, or for purposes other than treatment, payment or health care operation.

To request this list you must submit your request in writing to the Medical Record Coordinator, Genesis PrimeCare, PO Box 1326, Marshall Texas 75671. Your request must state a time period which may not be longer than three years and may not include dates before 12/2012. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operation. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in our care or the payment for your care. **We are not required to agree to your request.** If we do, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restriction, you must make your request in writing to the Medical Record Coordinator, Genesis PrimeCare, PO Box 1326, Marshall, Texas 75671. In your request you must tell us:

(1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, or example disclosure to your spouse.

**Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communication or a change to an already existing request, you must make your request in writing to the Medical Record Coordinator, Genesis PrimeCare, PO Box 1326, Marshall, Texas 75671. You do not have to state a reason for your request. We will accommodate all reasonable requests. Your request must specify; however, you wish to be contacted.

**CHANGES TO THIS NOTICE**

We reserve the right to change our practice and to make the new provisions effective for all protected health information we contain. Should our protected health information practices change, a revised Notice will be available at your request. You may request that a copy be provided to you by contacting the Medical Record Coordinator, Genesis PrimeCare, P.O. Box 1326, Marshall, Texas 75671.

**COMPLAINTS**

If you believe your privacy rights have been violated or if you disagree with a decision we made about access to your records, you may file a complaint with the clinic or with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with the Clinic, contact.

Compliance/Privacy Officer

Genesis PrimeCare

P.O. Box 1326

Marshall, Texas 75671

Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. The address of the Office of Civil Rights is:

Region VI, Office for Civil Rights

U.S. Department of Health and Human Services

1301 Your Street, Suite 1169

Dallas, Texas 75202

All complaints should be submitted in writing. For complaints filed by e-mail, send to: [OCRComplaints@hhs.gov](mailto:OCRComplaints@hhs.gov)

**You will Not be penalized for filing a complaint.**

**This Notice is effective as of November 2016**

