



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. We are required by law to maintain the privacy of individuals, and to provide individuals with this notice of our legal duties and privacy practices. **PLEASE REVIEW CAREFULLY.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you, and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION: Your protected health information may be used and disclosed by your clinician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the health center, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a clinician to whom you have been referred to ensure that the clinician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a certain procedures or hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of the agency. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students or interns that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your clinician. We may also call you by name in the waiting room when your clinician is ready to see you. For example we may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services we offer.

We may use or disclose your protected health information in the following situations without your authorization as required by Law. 1) Public Health Activities. We report births, deaths, and various diseases to government officials in charge of collecting that information. We provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death. 2) Health Oversight Activities. We provide information to assist the government when it conducts an investigation or inspection of health care providers or organization. 3) Organ Donation. We may notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants. 4) To Avoid Harm. In order to avoid a serious threat to the health and safety of a person or the public, we may provide PHI to law enforcement personnel or persons to prevent or lessen such harm. 5) Specific Government Functions. We may disclose PHI of military personnel and veterans in certain situations and we may disclose PHI for national security purposes, such as protecting the President of the United States. 6) Worker's Compensation. We provide PHI in order to comply with worker's compensation laws. 7) Required By Federal, State or Local Law; Judicial or Administrative Proceedings. We make disclosures when a 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 hearing.

Other Uses and Disclosures will be made only with your written Authorization. This means we will not disclose your PHI to another health care provider not involved in your treatment, use or disclose your PHI for marketing, fundraising or research without your authorization. Also, if you transfer care to another health care provider we must have your written authorization to send PHI to your new provider. We have 60 days to comply with an authorized disclosure request.



**Community
Health Center**
OF THE NORTH COUNTRY

HIPAA Notice of Privacy Practices

You may revoke an authorization, at any time, in writing, except to the extent that your clinician or the health center has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS: The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. However, under federal law you may not inspect copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. If you request copies of your PHI, we can charge \$.75 for each page. Instead of providing the PHI you requested we may provide you with a summary or explanation of the PHI. You may request that your PHI be sent to you electronically. PHI sent electronically may not be encrypted.

You have the right to request a restriction of your protected health information. You may request that any part of your protected health information not be disclosed to family members who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply. You have the right to request that your provider restrict certain PHI from disclosure to your health plan for services that you pay for out-of-pocket in full.

Your clinician is not required to agree to a restriction that you may request. If a clinician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must provide information regarding the alternate means or location to us in writing.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to request that your clinician amend your protected health information. If you believe that there is a mistake in your PHI or that a piece of information is missing, you have the right to request that we correct the existing information or add the missing information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include disclosures that do not require your authorization, as listed above in this notice, or disclosures directly to you. We must respond to your request within 60 days.

You have a right to be notified of a breach of privacy involving your PHI. We will notify you if the privacy of your PHI is inadvertently or intentionally compromised.

Complaints. You may complain to us by contacting our HIPAA Privacy Officer in person or by phone at 315-379-8340, or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

We will not retaliate against you for filing a complaint.

We reserve the right to change the terms of this notice. This notice was published and became effective on **April 14, 2003**.