

# Notice of Privacy Practices

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## **Who Follows?**

All employees, including behavioral health, dental, medical, specialty care services, pediatrics, pharmaceutical, and trainees, students, volunteers, business associates, and all other agents of the Shingle Springs Health & Wellness Center

## **Commitment to Your Privacy**

The Shingle Springs Health & Wellness Center is committed to maintaining your Protected Health Information (PHI) in all formats (electronic, written, or verbal). We only use or disclose PHI as described in this notice

## **Use and Disclosure**

Treatment(s), health related benefits, services and appointment reminders : For our facility or a business associate(s) to bill and receive payment from the patient, an insurance company, or a third party for treatment(s) and services received. This includes obtaining prior authorization for recommended treatment(s) Health care operations purposes. These uses and disclosures are necessary to ensure our patients receive quality care and to manage all health care activities, including practitioner or provider performance, or to educate health care professionals

With other health care providers involved in your treatment or with a pharmacy filling your prescription(s) To provide the patient with treatment alternatives, research programs, or for health-related benefits and services that may be of interest When appropriate, we may disclose to a person who is involved in your medical care or payment(s) for your care, such as family or a close friend. We also may notify family about your location, general condition, or disclose such information to an entity assisting in disaster relief efforts. Workers' compensation or similar program(s) that provide benefits for work-related injuries or illness

## **Special Circumstances**

For public health activities (for example, reporting injuries, diseases, births, child abuse, neglect, medication reactions, malfunctioning of products or equipment, to obtain recall information, domestic violence, and deaths to a public health official authorized to receive such information) We may disclose to a health oversight agency for activities authorized by law. These oversight activities (for example, audits, investigations, inspections, and licensures) are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. If you are involved in a lawsuit or dispute, we may disclose PHI in response to a court or administrative order. We also may disclose in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after you have been notified or obtain an order protecting the information requested.

We may release PHI if asked by law enforcement officials: - limited information to identify or locate a suspect, fugitive, material witness, or missing person; - about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; - about a death we believe may be the result of criminal conduct; - about criminal conduct on our premises; - in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime. We may release PHI to a coroner or medical examiner to aid in activities such as identification of a deceased person, or aid in determining cause of death. In some cases, we may release information to a funeral director as necessary for their duties. If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may disclose to the appropriate foreign military authority if you are a member of a foreign military. If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes, or tissues to facilitate organ, eye or tissue donation and transplantation.

We may share your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.

## **Other Uses and Disclosures**

The following uses and disclosures will only be made with your expressed written authorization. Marketing purposes or disclosures that constitute a sale // Other uses and disclosures not covered by this notice or the laws that apply. You may revoke written authorization at any time. To revoke authorization, please submit a written request to our privacy officer.

## **Your Protected Health Information Rights**

Although your health record is the property of the Shingle Springs Health & Wellness Center, you have the right to: Request restriction or limitation on the use or disclosure for treatment, payment, or health care operations // Limit what is disclosed to someone involved in your care or the payment for your care. We are not required to agree to the request, unless you are asking for a restriction of use and disclosure of your PHI to a health plan for payment, or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service which was paid to us "out of pocket" and in full. If we agree, we will comply with your request, unless it is needed for emergency treatment. // Request confidential communications // Review and copy PHI in your medical and billing records upon written request. If you request a paper copy of your PHI, it can be provided to you within 15 days of the request. // Request an electronic copy of medical record(s). If your PHI is maintained in an electronic format, you have the right to request your records be electronically transmitted to you, another individual or entity. // Request amendment(s) (changes) to information in your medical and billing records. You must make your request in writing and provide a reason for the request. We are not required to agree to your request, but will let you know in writing, and state a reason, if we do not agree. If we agree, your suggested amendment will be added to your record.

Receive an accounting of disclosures. An "accounting of disclosures" is a report that identifies individuals or organizations who we have disclosed your PHI to without your authorization. You have a right to receive one accounting of disclosures every 12 months without charge; however, we may charge you for the cost of providing any additional accounting in the same 12-month period. // Name a personal representative who may act on your behalf to control the privacy of your PHI. Parents and guardians generally will have the right to control the privacy of PHI to minors unless the minor is permitted by law to act on their own behalf. There may also be exceptions to this per individual state law. // Request additional privacy protections with respect to PHI

## **Our Duties To Protect Your Information**

We are required by federal law to keep the privacy and security of PHI that may disclose your identity. We will notify you in writing or by email if there is a breach of privacy that compromises your identifiable PHI.

We reserve the right to change the terms of the notice and updated notices will be placed in our public waiting room areas. You can also request a paper copy of the revised notice at check-in for your visit.