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## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

All of Hometown Health Center locations follow the terms of this notice and share health information for treatment, payment, or health care operations as described in this notice.

### OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide quality care and comply with legal requirements. This notice applies to all of the records of your care in HHC's possession. This notice will tell you about the ways in which we may use and disclose your health information. Your rights to your health information and certain obligations we have regarding the use and disclosure of your health information are outlined in this notice.

#### *By law we are required to:*

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Notify you of any reportable breaches of privacy and security.
- Follow the terms of the notice that are currently in effect.

### ELECTRONIC MEDICAL RECORDS

Hometown Health Center uses a secure electronic medical records (EMR) system which allows us to securely exchange health information to provide the best clinical care for you. EMR is used to send/receive information needed for your care such as labs and diagnostic tests and is also used to receive reimbursement and to manage our organization. This has greatly improved quality and continuity of patient care.

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

We will use and disclose only the minimum information needed. The following categories describe different ways that we use and disclose information:

**For treatment:** To provide you with health care treatment or services here or elsewhere, such as the hospital, a consultation, lab, pharmacy, x-rays, tests, etc.

**For payment:** To bill you or a third party for services, to obtain approval, to determine coverage for the treatment.

**For health care operations:** To run our practice, to make sure all our patients receive quality care, to review our treatment and services, to evaluate our staff, to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or comparison with others and where we can make improvements.

#### **Appointment reminders**

**Psychiatric services:** To coordinate care regarding your medications, treatment plan, progress, diagnosis and testing. Therapy notes still require your authorization.

Health related services and treatment alternatives available for you

As required by law and Judicial (Court) Proceedings

To avert a serious threat to health or safety

Military and veterans, both U.S.A. and Foreign

Workers' compensation

Public health risk: To prevent/control disease, injury or disability, report births or deaths, report child abuse or neglect, report reactions to medications or problems/recall with products, disease exposure and risk, report a victim of abuse, neglect or domestic violence.

Health oversight activities: Investigations, inspections, and licensure to monitor the health care system, government programs, and compliance with civil rights laws. These include but are not limited to: ACO, HealthInfoNet, ImmPact2 and Patient Centered Medical Home. HealthInfoNet information is available at the offices; ask the Patient Specialists.

Business Associates: Organizations, who by law and our contract with them, must keep your personally identifiable information private to perform the services needed to treat you.

Law enforcement and Inmates: As required by law

Coroners, health examiners, and funeral directors: To identify a deceased person or determine the cause of death or to carry out their duties.

Disaster Relief Efforts and National security and intelligence activities

Organ and Tissue Procurement

**We Need Your Permission for the following:**

Psychotherapy notes: Require your permission to share with others. However, HHC, as noted above, can obtain diagnosis, testing, medications, treatment plan, progress, functional status, symptoms and prognosis without your permission to coordinate your care and make sure there is no conflict in your care that could hurt you.

Marketing: using you or your information to market our services.

Sale of protected information: Some organizations sell information to find additional reimbursement or to obtain additional monies. HHC does not sell protected information.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

To inspect and copy your health record: This includes health, test, and billing records and may be electronic or paper. You must complete a release of information form to request the information; immunization records are printed in the clinic on a visit. Medical Records will respond within 30 days of the request. There may be a fee for the cost of copying, mailing or other supplies and services associated with your request. Your request to inspect and copy your record may be denied in certain very limited circumstances. If a denial occurs, you may request a review of the denial. A different HHC licensed health care professional will review your request and we will comply with the outcome of the review. We will notify you of an up to 30-day additional delay and the reason if necessary.

**Right to amend your record:** If you believe the information in your record is incorrect or incomplete, you may ask to amend the information for as long as we keep your record. To do so, your request and reason for the request must be submitted in writing to the CEO/ Compliance Officer and will be responded to no later than 60 days from receipt of the request.

We will disclose any amendment we make to your health record to those we disclose information to as listed above based on their need to know. Your request for an amendment may be denied if: it was not created by us, unless the creator of the information is not available to make the amendment; is not part of the health information kept by or for HHC; is not part of the record which you are allowed to inspect or copy; and is accurate and complete. You have the right to send us a disagreement identifying the reasons and receive a decision/response.

**Right to an accounting of disclosures:** You have the right to request a list of accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations as previously described. To request this list, you must submit your request in writing to the Compliance Officer/CEO at HHC. Your request may not exceed a time period longer than six years from the date of the request.

The first list you request within a twelve-month period will be free. For additional lists, we may charge you the cost of providing the list. We will notify you of the cost involved so that you may modify or withdraw your request before any costs are incurred. We will mail you a list of disclosures in paper form within 60 days of your request, or notify you if we are unable to supply the list within that time period, and by what date we can supply the list. This date will not exceed 90 days from the date you made the request.

**Right to request restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your health care or the payment of your care. You also have the right to restrict disclosure if you or your representative has paid for a specific item or service in full without use of insurance or other claim coverage. *We are not required to comply with your request if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.* If we do agree, we will comply unless the information is needed to provide you with emergency care. To request a restriction, you must request it in writing to the Compliance Officer/CEO at HHC. It must state what information you want to limit and to whom you want the limit to apply.

**Right to request confidential communications:** You have the right to request that we communicate with you about health matters in a certain way or location, such as to contact you at work, the patient portal, a cell phone number or by a P.O. Box. You must make your request in writing to the Compliance Officer at HHC. We will not ask the reason for this request. We will accommodate all reasonable requests. Your request must specify how or where you want to be notified.

If you believe your privacy rights have been violated, you may file a complaint with our Director of Quality, Safety, Risk Management and Corporate Compliance at 207-368-5189 x 1259 or with the Secretary of the Department of Health and Human Services.