

## **NOTICE OF PRIVACY PRACTICES**

The staff of McMinn Clinic values your relationship with us, and we are grateful that you chose us to be a part of your health care program. We are fully committed to safeguarding the privacy of your protected health information (PHI) that is in our possession. PHI is any information that we possess, use, and disclose that identifies you and relates to your past, current, or future physical and mental health condition or illness and the health care products and services that have been provided to you. Please review this information carefully.

We are required by law to: (1) maintain the confidentiality of your PHI in accordance with federal and/or state law; (2) comply with the terms of this notice until it is replaced with a new notice; and (3) give you the notice of our legal duties and privacy procedures with respect to PHI we maintain about you.

We reserve the right to change the terms of this notice at any time. We also reserve the right to make the changes apply to your PHI we already have. Before we make a material change of this notice, we will promptly post a new notice in a clear and prominent area of our clinic. You can also request a copy of the new notice from our staff.

We may use or disclose your PHI without your authorization for treatment, payment and health care operations as explained below:

**For treatment:** We may use and disclose your PHI to the physicians, nurses and other health care personnel who provide, coordinate or manage your health care in any related services. We may also disclose your PHI to another health care provider at a different location at his/her request for your treatment by him/her.

**For payment:** We may use and disclose your PHI in order to bill and collect payment for services provided to you. We may also disclose your PHI to the responsible party of your account, to a collection agency, or to an ambulance/transportation company which provides services to you.

**For health care operations:** We may use and disclose your PHI in order to support our business activities, such as quality assurance. We may use and disclose your PHI to other health care providers, health plans or health care clearinghouses for their limited health care operations, such as quality assessment activities, licensing and other health care compliance activities.

**Business activities:** We may disclose your PHI to our business associates that assist us in the delivery of health care and related services, such as billing companies, lawyers, accountants and others. Before we disclose your PHI to our business associates, we will have a written contract with each of them that will require each to agree to maintain the privacy of your PHI.

Below are other reasons we may disclose your PHI without your consent and authorization:

**Uses and Disclosures Required by Law:** We may use or disclose your PHI as required by law, but must limit such use or disclosure to relevant information and otherwise comply with applicable legal

requirements. We must also disclose your PHI to The Secretary of Health and Human Services to determine our compliance with federal privacy laws.

**Public Health Activities:** We may use or disclose your PHI to the public health authorities to receive or collect information for public health progress, such as fat preventing and controlling disease and certain regulatory activities of the Food and Drug Administration.

**Abuse, Neglect, or Domestic Violence:** We may use or disclose your PHI in some instances we reasonably believe that you are a victim of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may use or disclose your PHI to a health oversight agency for health oversight activities authorized by law, including, for example, inspections and licensure of health care facilities.

**Judicial and Administrative Proceedings:** We may use or disclose your PHI for law enforcement purposes to law enforcement officials, such as for identification of suspects or where a crime has been committed on our premises.

**Decedents:** We may use or disclose PHI about decedents to coroners, medical examiners, and funeral directors.

**Research:** In limited circumstances, we may use and disclose your PHI to conduct medical research.

**Serious Safety Threat:** We may use or disclose your PHI when we believe it is necessary to prevent or lessen a serious threat to the safety of a person or the public.

**Special Government Function:** We may use or disclose your PHI under some circumstances for special government functions, including those related to the armed forces, national security and Intelligence.

**Worker's Compensation:** We may use or disclose your PHI authorized by and to the extent necessary to comply with the laws related to worker's compensation and similar programs.

**Scheduling appointments, appointment reminders and health related benefits or services:** we may use and disclose your PHI to schedule appointments, give you appointment reminders, and give you information about treatment alternatives or other health care related services or benefits we offer.

**To your Personal Representative:** We may disclose your PHI to your personal representative that is appointed by or authorized by applicable law.

**Inmates:** If you are an inmate at a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution for purposes that include (1) providing you with health care; (2) protecting your health and safety and the health and safety of others; or (3) protecting the safety and security of the correctional institution.

**Potential Impact of State:** In some situations, the federal privacy laws do not preempt state law of greater privacy protections. As a result, the privacy laws of a particular state might impose a privacy standard which we will be required to operate.

**Uses and disclosures for which you have an opportunity to agree or object:** Individuals involved in your care: We may disclose your medical information to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part. The opportunity to agree or object may be given retroactively in emergency situations.

McMinn Clinic  
3125 Independence Drive, Suite 108  
Homewood, AL 35209

Your authorization is needed for other uses and disclosures. We may not use or disclose your PHI for any other purposes unless you give us written authorization to do so. If you give us written authorization to use or disclose your medical information for a purpose that is not described in this notice, then in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your PHI that we maintain unless we have taken action in reliance on your authorization.

### **What rights do you have regarding your PHI**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides you with several rights related to your PHI. **You have:**

- The right to request additional restrictions on the uses and disclosures of your PHI. You have the right to ask that we put additional restrictions on how we use and disclose your PHI. We do not have to agree or comply with your request.
- The right to inspect and copy your PHI that we may use to make decisions about you. In limited circumstances, we do not have to agree with your request.
- The right to amend or correct if you feel that your PHI is incorrect or incomplete, you have the right to ask us to correct or amend the information. We will require that you submit the request in writing to explain your reasons for asking for an amendment. In some cases, we do not have to agree to your request.
- The right to request confidential communications. You have the right to request that we communicate with you about medical matters by a different means or at a different location than what we are currently doing. In limited circumstances, we do not have to agree to your request.
- The right to request and receive a paper copy of this notice if you received it by e-mail or on the internet.
- The right to the accounting of disclosures: You have the right to request a list of certain disclosures that we and our business associates made for certain purposes for the last 6 years, except for disclosures made before April 14, 2003.

If you want to exercise any of these rights described in this notice, please contact us at (205) 868-1313. We may give you the necessary information and forms for you to complete and return to us. In some cases, we may charge you a nominal fee to carry out your request.

How to complain about our privacy practices: If you think we may have violated your privacy rights, you may file a complaint. You may contact us. You may also send a written complaint to the Secretary of the Department of Health and Human Services. We will not take retaliatory action against you if you file a complaint about our privacy practices.

McMinn Clinic  
3125 Independence Drive, Suite 108  
Homewood, AL 35209

**Disclosure for Relatives, Close Friends and other Caregivers:** We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement (2) provide you with the opportunity to object to the disclosure and you do not object; and (3) reasonably infer that you do not object to the disclosure. \_\_\_\_\_ (*please initial*)

If you are not present, or the opportunity to agree, or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location or general condition.

\_\_\_\_\_ (*please initial*)