

JEAN B PURVIS COMMUNITY HEALTH CENTER OF BUTLER COUNTY

103 Bonnie Drive, Butler, PA 16002 | 724.841.0980 | www.butlerhealthclinic.org

HIPAA 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.

If you have questions about this notice, please contact our office at 724.841.0980

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment of health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” refers to individually identifiable health information, including demographic information, collected from you or received by a health care provider, and that relates to your past, present or future physical or mental health or condition. We reserve the right to change our privacy policy and terms of this notice provided the changes are permitted by applicable law, and to make new changes to notice provisions effective for all protected health information we maintain. When we make a significant change in our privacy practices, we will change this notice and post a copy clearly and prominently at our practice location. We will provide a copy of the new notice upon request. **You may request a copy of our notice at any time.**

The following describes ways we may use or disclose your health information.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: We may use or disclose health information to provide, coordinate, or manage health care and any related services. This includes the coordination or management of health care with a third party, such as a referral to a specialist.

Healthcare Operations: We may use or disclose health information as necessary to make sure that all our patients receive quality care as well as operate and manage our office. This may include a sign-in sheet at the registration desk or calling you by name when the provider is ready to see you.

Disclosure to Others: Your health information may be used and shared by your physician, 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 support the operation of the clinic, and any other use permitted or required by law.

Appointment Reminders: We may use or disclose health information to contact you to remind you that you have an appointment with us or may have missed an appointment and/or to tell you about health-related benefits and services that may be of interest to you.

Health-Related Benefits and Services: We may use or disclose health information to tell you about health-related benefits and services that may be of interest to you.

Fundraising: We may use or disclose health information to contact you in fundraising efforts and, in the event you prefer to not receive such communications, you are able to opt out of receiving them.

USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

The following describes ways we may use or disclose your health information without your authorization such as for public health purposes, abuse or neglect reporting, research studies, funeral arrangements and organ donation, workers’ compensation purposes and emergencies. We may disclose health information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.

As Required by Law: We may disclose health information when required to do so by international, federal, state or local law.

Public Health Risks: We may use or disclose health information about you for public health activities, such as to prevent or control disease, injury or disability, or to report child abuse, domestic violence, or disease or infection exposure.

To Avert a Serious Threat to Health or Safety: We may use or disclose health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

Health Oversight Activities: We may use or disclose health information to help health agencies during audits, investigations or inspections.

YOUR HEALTH INFORMATION RIGHTS

Your right to inspect and request a copy of your health information: You must submit a request in writing. Federal law, however, does create some exceptions to this right and exempts the following records: psychotherapy notes; information gathered to be used in a civil, criminal, or administrative action or proceeding. In certain circumstances we may deny your request and you may be entitled to request that our denial be reviewed.

Your right to amend incorrect or incomplete health information: If you feel that health information we have is incorrect or incomplete, you may submit a written request explaining the requested amendment.

Your right to request restrictions on disclosure of your health information: You may ask us not to use or share your health information for the purposes of treatment or health care operations.

Your right to an account of disclosures of your health information we have made: The accounting of disclosures does not apply to disclosure for treatment and health care operations or for disclosures we have made to you or at your request. You must submit your request in writing.

Your right to request confidential communications of your health information: such as sending mail to an address other than your home or by other means. Your written request must state how or where you would like to be contacted, and we will accommodate reasonable requests.

Your right to a paper copy of this notice: You may request a paper copy of this notice at any time. You may also obtain a copy of this notice on our website: www.butlerhealthclinic.org

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time and will advise you of any significant changes to the Notice.

QUESTIONS AND COMPLAINTS

We are required by law to protect the privacy of your information, provide this Notice about our information practices, follow the information practices that are described in this Notice and notify you following a breach of your health information. Questions or complaints regarding this Notice of Privacy Practices should be submitted in writing to Kimberly Reamer, Executive Director:

Jean B Purvis Community Health Center
103 Bonnie Drive
Butler, PA 16002
724.841.0980
www.butlerhealthclinic.org

Or you may submit a written complaint, no more than 180 days after the event, to:

*Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201*

You will not be penalized for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE: January 1, 2019

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

Print Name _____ Signature _____ Date _____