

Foothills Community Health Care 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.

In the course of receiving services from Foothills Community Health Care (FCHC), we will be provided with health information about you. We have a duty under the law to maintain the privacy of this information, and to inform you of our legal obligations. This notice may change from time to time, and we will inform you of any changes. We will abide by this Notice or the most recent Notice. FCHC will use this information, and/or disclose it to other people, for the following purposes:

- **To Provide Medical Treatment To You.** We will use this information to provide the very best medical treatment we can. We will consult with doctors, nurses, and other medical professionals when necessary to assure that the right services are being provided to you.
- **To Assist Others In Providing Medical Services To You.** We will disclose this information to other medical professionals who are treating you or helping in your treatment, such as laboratory testers, pharmacists, specialists, and to others who may assist us to coordinate and manager your care.
- **To Obtain And Secure Payment For Our Services.** We will disclose this information to people, such as insurance companies, Medicare, etc., to receive compensation for the services we provide. We may also disclose this information to billing services or other groups that facilitate payment.
- **To Assess And Improve Our Services.** We will use health information to evaluate the services we provide, the way we provide them, and the people who provide them. This is done to constantly improve the services we provide.
- **Disclosures Required By Law.** Under certain circumstances, state and federal laws require that **all** holders of health information, not just us, disclose health information to government authorities including courts and public health agencies that monitor health. **We will, of course, disclose only that information that is required by law to be disclosed.**
- **Worker's Compensation:** We may also use or disclose your health information to comply with worker's compensation or other similar programs established by law for work related injury or illness.
- **Psychotherapy Notes.** We will not use or disclose your medical information with respect to Psychotherapy Notes without your written authorization, except for carrying out treatment, payment or health care operations by your mental health practitioner, to use in our own training programs, or to defend ourselves in a legal action by you.
- **Information About Health Services.** We may contact you to remind you about appointments, and to inform you about services, such as pharmacy or other health services that we believe may be beneficial to your health and well-being.
- **WE WILL USE OR DISCLOSE ONLY THE MINIMUM NECESSARY HEALTH INFORMATION TO MEET THE PURPOSES AND REQUIREMENTS LISTSED ABOVE.**
- You may request that restrictions be placed on the above uses of medical information, or you may revoke this authorization. However, we do not have to agree to the restriction if we feel that such uses

are necessary to provide you with the best possible services, unless you request that we restrict your medical information to a health plan as long as (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the medical information pertains solely to a health care item or service for which you have paid us in full.

- You have the right to be informed about any breach of unsecured medical information, unless our risk assessment determines that there is a low probability that your medical information has been compromised.
- You may request that health information be disclosed to you in certain ways, such as a specific mailing address. We will try our best to reasonably accommodate these requests.
- You may request to be provided with access to and copies of certain of the health information about you that we maintain.
- If you believe that health information is inaccurate or incomplete, you may request that the medical information be amended.
- You may ask for a record of the disclosures made by us of your health information.
- You may ask for a copy of this Notice.

If you have any questions or complaints about this Notice or about your health information, please call us at 864-722-0261. You may also contact the Secretary of the United States Department of Health and Human Service; see website below. You will not be retaliated against in any way for asking questions or making a complaint.

The U.S. Department of Health and Human Services, Office of Civil Rights (OCR), website: www.hhs.gov/ocr/hipaa contains:

- The full text of the HIPAA Privacy Rules
- Information the Privacy Rules
- OCR guidelines
- Frequently Asked Questions (FAQs) and answers, including questions about public health activities and permissible disclosures.

I acknowledge that I have received or read a copy of the 'Notice of Privacy Practice' with my signature on the FCHC General Consent to Treat.