



Your Information. Your Rights. Our Responsibilities.

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

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we will tell you why in writing within 60 days.
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Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We may say “yes” to all reasonable requests.
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Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights by contacting us using the contact information on the back page.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others, any medical information that they need to know if they are involved in caring for you. For example, we can tell someone who is assisting with your care that you need to take your medication or get a prescription refilled, or give them information on how to care for you. We can also use your medical information to find a family member, a personal representative, or another person responsible for your care and to notify them where you are, about your condition, or of your death. If it is an emergency, or you are not able to communicate, we may still give certain information to a person who can help with your care.
 - Share information in a disaster relief situation.
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In these cases we never share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
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In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you, including those in different departments, as well as with different entities, in order to coordinate the different things you may need, such as prescriptions, lab work, X-rays, and follow-up care.

***Example:** A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

***Example:** We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities or individuals responsible for payment.

***Example:** We give information about you to your health insurance plan so it will pay for your services.*

Create de-identified databases

- We may use your health information to create “de-identified” information in accordance with applicable law. After removing information that tells anyone who you are, your de-identified limited medical information may be put into a computer program which may be used for research purposes. If your information is partially de-identified, it is called a “limited data set,” and may be used for similar research purposes in accordance with applicable law and regulations.

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Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Respond to people to whom you ask us to give it

- If you tell us that you want us to give your medical information to someone, we will do so after you fill out an authorization form which gives us permission to do so. You may stop this authorization at any time. We are not allowed to force you to give us permission to give your medical information to anyone. We cannot refuse to treat you because you stop this authorization.
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Perform incidental disclosures

- Your information may be used or disclosed incidental to a permitted use or disclosure. An example of an incidental disclosure is calling your name in a waiting area for an appointment where others in the waiting area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures of your protected health information.
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Participate in health information exchanges

- CrescentCare participates in Health Information Exchanges (HIEs), which are electronic systems through which we and other participating healthcare providers can share patient information according to nationally-recognized standards and in compliance with federal and state laws that protect your privacy. Through HIEs, your providers will be able to access records held outside of CrescentCare necessary for your treatment, unless you choose to have your information withheld from the HIE by opting out of participation. If you choose to opt out of the HIE, we will continue to use your health information in accordance with this Notice of Privacy Practices and the law but will not make your information available to others through the HIE. To opt out of the HIE, please contact the Compliance Officer using the contact information on the last page of this document. If you choose to opt out, your information will be excluded from all HIEs in which we participate.
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Engage business associates

- Business associates are companies or people we contract with to do certain work for us. Examples include providing information to a copying service we use when making copies of your health record, or an auditor who may review clinic bills for appropriate charging processes. To protect your health information, we require the business associate to appropriately safeguard your information.
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Do research

- We can use or share your information for health research.
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Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
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Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law and the Food and Drug Administration in connection with FDA regulated products.
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Help with public health and safety issues

- We can share health information about you for certain situations such as: (1) Preventing or controlling disease; (2) Maintaining vital statistics; (3) Helping with product recalls; (4) Reporting adverse reactions to medications; (5) Reporting suspected abuse, neglect, or domestic violence; (6) Preventing or reducing a serious threat to anyone's health or safety.
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Support health oversight activities

- We may give your medical information to agencies responsible for health oversight activities, such as investigations and audits of the health care system or benefits programs, as allowed by law.
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Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you: (1) For workers' compensation claims; (2) For law enforcement purposes or with a law enforcement official; (3) With health oversight agencies for activities authorized by law; (4) For special government functions such as military, national security, and presidential protective services.
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Address law enforcement requests

- We may share your medical information in response to certain law enforcement requests, including: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to help identify or locate a suspect, fugitive, material witness or missing person; (3) in response to inquiries as to the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement; (4) in response to inquiries regarding a death we believe may be the result of criminal conduct; (5) in response to inquiries regarding criminal conduct at a location; (6) in emergency situations to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
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Respond to courts and administrative agencies

- We may share health information about you in response to a court or administrative order, or in response to a subpoena.
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Respond to correctional institutions

- We may share medical information about you with a correctional institution or law enforcement official if you are an inmate of a correctional institution or in the custody of a law enforcement official. This release would be necessary for: (1) The institution to provide you with health care; (2) To protect your health and safety or the health and safety of others; or (3) For the safety and security of the correctional institution.
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Support specialized governmental functions

- We may share your medical information for certain specialized governmental functions, as allowed by law. Such functions include: (1) Military and veteran activities; (2) National security and intelligence activities; (3) Protective service to the President and others; (4) Medical suitability determinations; (5) Correctional institutions; (6) Other law enforcement custodial situations.
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CrescentCare provides special protections for the confidentiality of all mental health, substance misuse and treatment, and HIV information in patient records. When requesting a medical record release, you can ask that we restrict the release of that information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

You may contact CrescentCare's Compliance Officer by emailing compliance@crescentcare.org and by leaving a message at 504-899-2601.