

## Jordan Landing Family Medicine

### Notice of Privacy Practices Effective March 27, 2003

**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 any questions about this notice, please contact our Privacy Officer at  
(801) 280-7774

#### Who will follow this notice?

This notice describes Jordan Landing Family Medicine's practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of this facility/organization.
- Any member of a volunteer group we allow to help you while you are in this facility.
- All employees, staff and other clinical personnel.
- Any other location directly affiliated and operated by Jordan Landing Family Medicine.

#### Our pledge regarding medical information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and service you receive in our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by **Jordan Landing Family Medicine** whether made by ancillary staff or your personal physician.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;

- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

#### How may we use and disclose medical information about you?

The following categories describe different ways that we use and disclose medical information. All of the ways we are permitted to use and disclose information will fall within one of these categories.

- ✓ **For Treatment** – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other ancillary personnel who are involved in your medical care.
- ✓ **For Payment** – We may use and disclose medical information about you so that the treatment and services you receive from our physician(s) and clinic may be billed to and payment may be collected from you, an insurance company or third party.
- ✓ **For Health Care Operations** – We may use and disclose medical information about you for clinical operations. These uses and disclosures are necessary to run the administrative portion of our business and to assure all of our patients a high quality of care.
- ✓ **Treatment Alternatives** – We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ✓ **Health-Related Benefits and Services** – We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- ✓ **To Avert a Serious Threat to Health or Safety**- We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- ✓ **Workers' Compensation** – We may release medical information about you for Workers'

Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
  - Follow the terms of the notice that is currently in effect circumstances to report a crime.
- ✓ **Coroners, Medical Examiners and Funeral Directors** – We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death.
  - ✓ **National Security and Intelligence Activities** – We may release medical information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  - ✓ **Inmates** – If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or law enforcement official.

Your rights regarding medical information about you

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy** – You have the right to inspect and copy medical information that may be used to make a decision about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit a request in writing to the **Business Office** or obtain a copy of a Release of Information form from our medical record department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care

professional chosen by **Jordan Landing Family Medicine** will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

- ✓ **Right to Amend** – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by of for **Jordan Landing Family Medicine**.

To request an amendment, your request must be made in writing and submitted to **Business Office**. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the clinic; Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- ✓ **Right to an Accounting of Disclosures** – You have the right to request an “Accounting of Disclosures.” This is a list of the disclosures made of medical information about you that were not made for treatment, payment for health care operations.

To request this list or “Accounting of Disclosures”, you must submit your request in writing to **Business Office**. Your request must state a time period that must not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 1-year period will be free of charge. For additional list, we may charge you for the cost of providing this list.

- ✓ **Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the

payment of your care, like a family member or friend.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to **Business Office**. Your request must include the 1) information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply.

- ✓ **Right to Confidential Communications** – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- ✓ **Right to a Paper Copy of this Notice** – You have the right to a paper copy of this “Notice of Privacy Practices.” You may ask us to give you a copy at any time.

#### Changes to this notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post of current copy in the waiting area(s) of our clinic. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you present for treatment or health care services, we will offer you a copy of the current notice.

#### Complaints

If you believe your privacy rights have been violated, you may file a complaint with the **Business Office, 280-7774** or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

#### Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written permission. If you provide us permission to use or disclose medical

information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provided to you.