

NOTICE OF PRIVACY PRACTICES: Effective October 16, 2016

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.**

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

YOUR RIGHTS AS OUR PATIENT

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 information.
 - We'll provide a copy or a summary of your information as quickly as possible.
 - If there are records that we can't share or if we limit access, we'll help you understand why.
- **Ask us to correct your information**
 - You can ask us to correct your information if you tell us why you think it's incorrect or incomplete.
 - We may say "no" to your request, but we'll tell you why in writing as quickly as possible. In that case, you can ask us to keep a copy of your disagreement (a written statement you provide to us) with your records.
- **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'll do our best to meet your needs.
- **Ask us to limit what we use or share**
 - You can ask us not to use or share your information. We'll always consider your request, but we may say "no" if it would affect our ability to provide care or service to you, or if we are unable to make the change in our systems.
 - If you pay the full amount out-of-pocket for a service or item, you can ask us when you check in not to share information about that service or item with your health plan. We'll honor your request, unless the law requires us to share that information with your health plan.
- **Get a list of who has received your information**
 - You can ask for a list (an "accounting") of the times we've shared your information with outside organizations or individuals, who we shared it with, and why.
 - We'll include all the times we've shared your information, except for when it was about your treatment, payment for your treatment or health care operations, and certain other times when we've released your information (such as if you asked us to share it and releases we've already told you about).
- **Get a copy of this notice**
 - You can ask for a paper copy of this notice at any time. We'll provide it right away.
 - This notice is also available on www.pnbcstcloud.com and is available in the clinic.
- **File a complaint if you feel your privacy rights have been violated**
 - You can complain directly to us if you feel we've violated your privacy rights by contacting us using the information on the first page of this notice.
 - You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Find contact information at www.hhs.gov/ocr/privacy/hipaa/complaints.
 - We won't act against you for making a complaint.

YOUR CHOICES

In some situations, you have additional choices about how we use and share your information. If you have a preference in the situations described below, let us know. Tell us what you want us to do, and we'll follow your instructions while following the law.

- **You can tell us not to:**
 - Share your information with your family, close friends, or others involved in your care.
 - Contact you to raise money to support our mission.
 - Share your information with others for health research. (We can still use your information for our own research as long as we follow the law.)
- **We must get your written permission before we:**
 - Use or share your information to market another organization's products or services
 - Use or share your information to market our own products or services, if another organization is paying us to do it or if the products or services are not health-related.

- Sell or rent your information to another organization.

OUR RESPONSIBILITIES, USES, AND DISCLOSURES

How do we typically use and share your information? We typically use and share your information in the following ways:

- **To treat you (treatment)**
 - We use and share your information to treat you. We share it with other professionals and organizations that are treating you or managing your care, and to create a safe and more coordinated care experience for you.
 - *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
 - *Example: We remind you of an upcoming appointment with us.*
 - Please note that we don't need your permission to share your information in a medical emergency if you can't give us permission due to your condition.
- **To run our organization (health care operations)**
 - We use and share your information to improve the quality of your care and experience, and to manage our operations.
 - *Example: We use health information about you to manage your treatment and services.*
- **To bill for your services (payment)**
 - We use and share your information to bill and get paid by health plans and others for care that you receive.
 - *Example: We send information about the service we provided to you to your health plan so it will pay us for those services*
 - *Example: We may contact your health plan to see if a service is covered before we provide that care.*

How else do we use or share your information?

We're allowed or required to share your information in other ways that relate to public health and legal activities. We have to meet many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues**
 - We can share your information with public health authorities or other authorized agencies in certain situations such as to:
 - Prevent disease
 - Help with product recalls
 - Report adverse reactions to medications
 - Report suspected abuse, neglect, domestic violence or crimes in our care location
 - Prevent or reduce a serious threat to anyone's health or safety
 - Help with health system oversight, such as audits or investigations
 - Comply with special government functions such as military, national security, presidential protective services and disclosures to correctional facilities.
- **Follow the law**
 - We can use or share your information if state or federal law requires it.
- **Respond to organ and tissue donation requests**
 - We can use and share your information to help with organ or tissue donation.
- **Work with a medical examiner or funeral director**
 - We can share your information with a coroner, medical examiner, or funeral director when an individual dies.
- **Handle workers' compensation**
 - We can use and share your information for your workers' compensation claims.
- **Respond to lawsuits and legal actions**
 - We can use and share your information for legal actions, or in response to a court or administrative order, or other lawful process.
 - We can share your information with authorized law enforcement officials.
- **With your written permission**
 - If we want to use or share your information in a way not covered in this notice, we're required to get your written permission first.

We protect your information because your privacy is important to us, and because it's the law.

- We must follow the responsibilities and privacy practices described in this notice.
- We must make this notice available to you in our patient care locations and online at www.pnbcstcloud.com.
- We can change this notice, and the changes will apply to all information we have about you. If we make significant changes, we'll post the new notice at our patient care location and online.
- We'll let you know promptly if a breach occurs that may have put the privacy of your information at risk.
- We won't use or share your information except as covered in this notice, unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.
- When the law requires us to get your permission in writing before we use or share your information, we'll do so.
- We will ask you for this permission when you first become a patient and occasionally after that. This allows us to better arrange for your care, payment for your care, and our operations as described above. If you don't want to give us your permission, then we may not be able to bill your health plan for your services and may need to bill you personally. We may also not be able to coordinate your care.

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