CHOICES
MEDICAL SERVICES

Notice of Privacy Practices
Effective Date: *09/01/2018*

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 Kimberly Hampton.

OUR OBLIGATIONS:

We are required to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, or a third party for the labs performed. For example, we may give Medicaid information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of clients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

To Report Abuse. Choices Medical Services is classified as a mandatory reporter of child abuse. As such we are obligated to report known or suspected cases of abuse (sexual, physical, and mental) and neglect of clients and those associated with clients.

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Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Missouri Department of Health. In compliance with MO state law, positive results for HIV, chlamydia, gonorrhea, syphilis, and Hepatitis B and C must be reported to the Missouri Department of Health (DOH). Reportable information obtained will be submitted to the Missouri DOH.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

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YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and

2. Individuals Involved in your care or payment for your care. Unless you give permission, we may not disclose to a member of your family, a relative, a close friend or any other person, your Protected Health Information.

3. Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We need permission to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

MISSOURI AGE OF CONSENT LAWS: It is legal for a person to have sex with someone who is under the age of consent so long as both parties are at least 14 years old and under 21 years old. However, if the defendant is 21 years old or older and the victim is under the age of 17, then it is second degree statutory rape or statutory sodomy. If an individual is within the Missouri Age of Consent, we cannot disclose information to parents or legal guardians without written permission of the client.[1]

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS: You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical records (not advocate notes). You must make an appointment to see medical records and provide a photo ID (if possible). To inspect and copy this Health Information, you must make your request, in writing, to Kimberly Hampton. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

[1] Kristen Johnson. "Missouri Age of Consent Laws 2018." Missouri Age of Consent & Statutory Rape Laws, 6 Mar. 2018, 3:12pm, www.ageofconsent.net/states/missouri.

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Right to Amend. If you feel that Health Information we have 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 or for our office. To request an amendment, you must make your request, in writing, to Kimberly Hampton.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Choices Medical Services.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. To request a restriction, you must make your request, in writing, to Choices Medical Services. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way. To request confidential communications, you must make your request, in writing, to Choices Medical Services. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.choicesmedical.org. To obtain a paper copy of this notice, please ask receptionist.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top middle of the page.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Kimberly Hampton. All complaints must be made in writing. **You will not be penalized for filing a complaint**.

Privacy Official Is Kimberly Hampton

If Kimberly Hampton is not available you may speak with Hillary Patrick, you can reach the Privacy Official at:

Address: 531 E 7th St, Joplin, MO 64801
Phone: 417-623-0131 _____
Hours: M-F 9:00am to 5:00pm_____

A message may be left for our privacy official any time the clinic is open and your call will be returned within 7 business days.

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Notice of Privacy Practices Acknowledgement Form

Effective: 09/01/2018

A copy of our Notice of Privacy Practices and/or this consent is available upon request and is on display in our office and on our website www.ChoicesMedical.org. Our Notice provides a description of our treatment, payment activities and healthcare operations, of the uses and disclosures we make of your protected health information.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Agreement:
I have been shown a copy of this office's Notice of Privacy Practices and have had full opportunity to read and consider its contents. I understand that by signing this consent form, I am giving my consent to Choices Medical use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

I understand that I may revoke this authorization at any time by notifying Choices Medical Services in writing. However, if I choose to do so, I understand that my revocation will not affect any actions taken by Choices Medical Services before receiving my revocation.

We reserve the right to change the Notice of Privacy Practices as necessary. The most current Notice will be placed on display in the office and our website at all times.

I also understand that I may refuse to authorize the above uses and that my refusal to sign in no way affects my treatment or payment.

Print Client Name: _____ Date of Birth: _____

Client Signature: _____ Today's Date: _____

For office use only

We attempted to obtain written acknowledgement that our Notice of Privacy Practices were offered, but acknowledgement could not be obtained because:

▫ *Individual refused to sign*
▫ *Communication barriers prohibited obtaining the acknowledgement*
▫ *Other (please specify)* _____

_____ _____
(Organization Representative) *Date*

_____ _____
Signature of Privacy Official *Date*