

**Ada Outpatient Clinic**  
**Notice of Privacy Practices**  
Effective Date: April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact our office at 580-332-8900.

**What is this document?** This Notice of Privacy Practices describes how we may use and disclose your medical information. It also describes your rights to access and control your medical information.

**What and who does this Notice cover?** This Notice will be followed by all of the employees of Ada Outpatient Clinic. This Notice applies to all of your medical information used to make decisions about your care that we generate or maintain.

**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 services you receive in our practice. We need this record to provide you with quality care and to comply with certain legal requirements.

We are required by law to:

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

**HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe the ways that we may use and disclose your medical information with your consent. Not every use or disclosure in a category will be listed.

*If you do not consent, we cannot provide you with treatment, except in an emergency situation or when we cannot communicate with you for some other reason. If you are concerned about a possible use or disclosure of any part of your medical information, you may request a restriction.*

**Treatment** We will use your medical information to provide you with medical treatment and services. Your medical information may be used by nurses, technicians, medical students, or other personnel who are involved in taking care of you. Different employees of our practice may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may disclose medical information about you to others that may be involved in your medical care, such as family members or another health care provider who provides services that are part of your care.

**Payment** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or third party. For example, we may need to give your health plan information about your treatment you received so that your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may disclose medical information about you to another health care provider or health plan for its payment activities. For example, we may give your payment information to a hospital or laboratory that provided a service to you at you at our request in order for the hospital or laboratory to bill for its services.

**Operations** We may use your medical information for our operations. These uses are necessary to run our office and to make sure patients receive quality care. Common operation activities include, but are not limited to:

- Conducting quality assessment and improvement activities
- Training healthcare professionals.
- Arranging for legal or auditing services.
- Business planning and development.
- Business management and administrative activities.
- Communicating with patients about services we provide.

We may disclose medical information about you to another health care provider or covered entity for its operation activities under certain circumstances. For example, we may disclose your medical information to your health plan for its utilization review analysis or to another provider for its quality assurance activities.

**Business Associates** We may disclose your medical information to other entities that provide a service to us or on our behalf that requires the release of patient medical information. However, we only will make these disclosures if we have received satisfactory assurance that the other entity will properly safeguard your medical information. For example, we may contract with another entity to provide transcription or billing services.

**Appointment Reminders** We may use and disclose medical information to contact you as a reminder that you have an appointment for medical treatment or services.

**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.

**Individuals Involved in Your Care or Payment for Your Care** We may release medical information about you to a friend, family member, or legal guardian who is involved in your medical care or who helps pay for your care. We may tell your family or friends your general condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Organ and Tissue Donation** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Can you ever use and disclose my medical information without my consent?** Yes. The following categories describe the ways that we may be required to use and disclose your medical information without your consent. Not every use or disclosure in a category will be listed.

**As Required by Law** We will disclose medical information about you when required to do so by federal, state, or local law.

**Workers' Compensation** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness. State and/or federal law control the release of such information.

**Public 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 would only be to someone able to prevent the threat.

**Public Safety** We may use and disclose medical information about you for public health activities intended to:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report abuse, neglect, or violence as required by law.
- Report reactions to medications or problems with products.
- Notify people of recalls of products they may be using.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Example: Oklahoma law requires us to report, among other things, tumors, birth defects, and cases of communicable disease, infant eye infections, infants born exposed to alcohol and other harmful substances, and abortions.

**Food and Drug Administration (FDA)** We may disclose health information relative to adverse events with respect to food, supplements, product or product defects, or post-marketing surveillance information, to enable product recalls, repairs or replacements to the FDA and to manufactures.

**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.

**Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information about you in response to a subpoena or discovery request, but

only if efforts have been made to inform you about the request or to obtain an order protecting the information requested, unless the physician-patient privilege has been waived

**Law Enforcement** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct.
- About criminal conduct involving our practice.
- In emergency circumstances 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 medical 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 may also release medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state; or conduct special investigations.

**Military and Veterans** We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

**Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official or agency, we may release your medical information to the correctional facility or law enforcement official or agency. This release may be necessary to: (1) enable the correctional facility to provide you with health care; or (2) protect the health and safety of you and/or other people.

**Oklahoma law requires that we inform you that your medical information used or disclosed as described in this Notice of Privacy Practices may include records which indicate the presence of a communicable or venereal disease which may include, but not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus (HIV), also known as Acquired Immune Deficiency Syndrome (AIDS). Any use or disclosure also may include mental health or other sensitive information.**

**What if you want to use and/ or disclose my medical information for a purpose not described in this Notice?**

We must obtain a separate, specific authorization from you to use and/ or disclose your medical information for any purpose not covered by this Notice or the laws that apply to us. In other words, the consent you already provided will not be enough to use and/ or disclose your information for any purpose that is not described in this Notice.

If you provide us with authorization to use or disclose your medical information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will not use or disclose your medical information for the reasons covered by your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization.

**What are my rights regarding my medical information?** You have the rights described below in regard to the medical information that we maintain about you. You are required to submit a written request to exercise any of these rights. We can provide forms for exercising any of these rights.

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

*If you request a copy of your information, we may charge a fee of 25 to 50 cents a page. We also may charge for postage if you request that we mail the information.* We may deny your request to inspect and/ or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us 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 that we created is incorrect or incomplete, you may request that we amend your information by adding clarifying language. We cannot delete or destroy any information already included in your medical record. *You must provide a reason that supports your amendment request.* We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, 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 our practice.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

**Right to an accounting of Disclosures** You have the right to request one free list of disclosures every 12 months. There are several categories of disclosures that we are not required to list in the accounting. For example, we do not have to keep track of disclosures made for treatment, payment, or health care operations or for those disclosures that are authorized. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** You have the right to request restrictions or limitation on the medical information we use or disclose about you unless our use and/or disclosure is required by law. 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 for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. *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 emergency treatment to you. You must specify the type of restriction you want and to whom it applies.

**Right to Request 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. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. Copies of this Notice will always be available and posted in our office.

**Can this notice be changed?** 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 a copy of the current notice and a copy will be available for you upon request.

**What if I have questions or need or report a problem?** 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. All complaints must be submitted in writing.

To file a complaint, call our office at 580-332-8900.

To file a complaint with the Secretary of the Department of Health and Human Services, you must submit the complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. Our office can provide you with current contact information.

**You will not be penalized for filing a complaint.**