

NOTICE OF PRIVACY PRACTICES

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Family Medical Clinic, Arab, AL

Your Information.

Your Rights.

Our Responsibilities.

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 Rights

You have the right to:

- Get a copy of your paper or electronic medical record
 - Correct your paper or electronic medical record
 - Request confidential communication
 - Ask us to limit the information we share
 - Get a list of those with whom we've shared your information
 - Get a copy of this privacy notice
- **See page 2 for more information on these rights and how to exercise them**

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
 - Provide disaster relief
 - Include you in a hospital directory
 - Provide mental health care
- **See page 3 for more information on these choices and how to exercise them**

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
 - Run our organization
 - Bill for your services
 - Help with public health and safety issues
 - Do research
 - Comply with the law
 - Respond to organ and tissue donation requests
- **See pages 3 & 4 for more information on uses and disclosures**

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 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.

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.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone)

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

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 privacy notice 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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

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 friend or others involved in your care
- Share information in a disaster relief situation

In the case of fundraising: • We may contact you for fundraising efforts, but you can tell us not to.

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

Our Uses and Disclosures

How do we typically use or share your health information?

Treat you

We can use your health information and share it with other professionals who are treating you.

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 your health information and share it with other professionals who are treating you.

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

continued on next page

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

Help with public health and safety issues

• **We can share health information about you for certain situations such as:**

- Preventing disease
- Helping with product recalls

Do Research

- We can use or share your information for health research.

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're complying with federal privacy law.

Respond to organ and tissue donation requests

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

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.

Address workers' compensation, law enforcement and other government requests

- We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or

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 web site.

Effective: January 1, 2020

This Notice of Privacy Practices applies to the following organizations:

John B. Crider, M.D., LLC, Family Medical Clinic Arab, AL