



## Notice of Privacy Practices

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.

This Notice describes the privacy practices of Premier Health Centers and the privacy practices of:

- all of our doctors, nurses, and other health care professionals authorized to enter information about you into your medical chart.
- all of our departments, including, e.g., our medical records and billing department.
- all of our health center sites.
- all of our employees, staff, and volunteers and other personnel who work for us or on our behalf.

### Our Pledge:

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information (PHI). When you receive treatment and other health care services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health care professionals or others working in this office, and tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

### National Security and Intelligence Activities.

We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

### Protective Services for the President and Others.

We may disclose health 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.

**Inmates.** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and safety of other individuals.

**Your Rights:** This section of our notice describes your rights and how to exercise them.

**Right to Inspect and Copy.** In most cases, you have the right to access and obtain a copy of the PHI that we maintain about you, including obtaining it in an electronic format. To inspect or receive a copy of your personal health information, you must send a written request to the contact person identified on this notice. We may charge a fee for the copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances.

**Right to Amend.** If you feel that the health information we maintain about you is incorrect or incomplete, you may ask that we amend it. To request an amendment, your request must be made in writing, submitted to our privacy contact person identified on the last page of this notice. In addition, you must provide a reason that supports your request for an amendment. In some cases, we may deny your request for an amendment.

**Right to an Accounting.** You have the right to receive an accounting of any use or disclosures we have made of your PHI after April 14, 2003. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to

the contact person.

The request must specify the time period. The time period may not be longer than six years and may not include dates before April 14, 2003.

**Right to Request Restrictions.** You have the right to request additional restrictions on our use or disclosure of your PHI, by sending a written request to our office, to the attention of a contact person.

**We are not required to honor those restrictions.** We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business.

**Right to Receive Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address.

To request that we communicate with you in a certain way, you must make your request in writing to our privacy contact person identified on the last page of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish you be contacted. We will accommodate all reasonable requests.

**Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice at any time. To receive a copy, please request it from our (Compliance Officer).

**Breach Notification:** You have the right to be notified when a breach of your PHI has occurred.

**Changes to this Notice:** We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the last page, in the bottom left-hand corner. We will also give you a copy of our current notice upon request.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our contact person or with the Secretary of the Department of Health and Human Services. You may file a complaint by mailing us a written description of your complaint or by telling us about your complaint over the telephone. Please give details as to what happened and give us the dates and names of anyone involved. Also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

**Other Uses and Disclosures of Your Protected Health Information:** Other uses and disclosures of PHI not covered by this notice or applicable law will be made only with your written authorization. You may revoke your authorization, in writing, at any time. Upon receipt of written revocation, we will no longer use or disclose your PHI, except to the extent that we have already taken action in reliance on the authorization.

You may obtain forms for submitting written requests from our Patient Services Representatives at any of our offices.

For More Information, Please contact us at:

Premier Health Centers  
Attn: Compliance Officer  
P.O. Box 232  
Dade City, FL 33526

**EFFECTIVE DATE OF NOTICE:**  
Revised September, 2013

We have over 30 years serving this community and building your trust. Thank you for being one of our patients and having faith in our services.

### **Premier Community HealthCare Group, Inc.**

#### **We are required by law to:**

1. Make sure that health information that identifies you is kept private in accordance with applicable law.
2. Give you this notice of our legal duties and privacy practices with respect to your protected health information (PHI).
3. Follow the terms of the notice that is currently in effect for all of your personal health information.

#### **How We May Use and Disclose Your Health Information:**

**For Treatment.** We may, as allowed by applicable law, disclose health information about you to provide you with health care treatment or services. We may disclose health information about you to the doctors, nurses, technicians, medical students and others who are involved in your care. They may work at the Health Center, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy or other health care provider to whom we may refer you for treatment, consultation, x-rays, lab tests, prescriptions or other health care service. They may also include doctors and other health care professionals who work at the Health Center, or elsewhere, whom we consult about your care. For example, we may consult with a specialist who lends his/her services to the Health Center about your care or disclose to an emergency room doctor who is treating you for a broken leg that you have diabetes, because diabetes may affect your body's healing process.

**For Payment.** We may use and disclose your PHI, as allowed by law, to bill and collect payment from you, your insurance company, including Medicaid and Medicare, or other third party that may be available to reimburse us for some or all of your health care. We may also disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your

care. We may also tell your health plan about treatment that you need to obtain your health plan's prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operation.** We may use and disclose health information about you for our day-to-day operations, and may disclose information about you to other health care providers involved in your care or to your health plan for use in their day-to-day operations. These uses and disclosures are necessary to run the Health Center and to make sure that all of our patients receive quality care, and to assist other providers and health plans in doing so as well. For example, we may use health information to review the services that we provide and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients with health information from other health care providers to decide what additional services the Health Center should offer, what services are not needed, whether new treatments are effective or to compare how we are doing with others and to see where we can make improvements. We may remove some information that identifies you from this set of health information so others may use it to study health care delivery without learning all details of who our patients are.

**Required Authorizations.** We are required to have your written authorization in certain circumstances including, but not limited to, 1) releasing psychotherapy notes regarding your care other than to carry out treatment, payment and health care operations or as otherwise required by law; 2) marketing activities other than a face to face communication by one of our providers; and 3) the sale of your protected health information. Additionally, any other uses and disclosures of your protected health information not addressed in this notice will require your authorization. You have the right to revoke any authorization at any time although such revocation shall not apply to previously authorized uses or disclosures.

**Appointment Reminders.** We may use and disclose health information about you to contact you as a reminder that you have an appointment at the Health Center.

**Health-Related Services and Treatment Alternatives.** We may use and disclose health information to tell you about health-related services or recommend treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to contact you with this information, or if you wish to have us use a different address when sending this information to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release health information, as allowed by law, about you to a friend or family member whom you identify who is involved in your health care or the person who helps pay for your care.

**Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care.

**Organ and Tissue Donation.** If you are an organ donor, we may disclose health information about you 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.

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

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health 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.

**Military and Veterans.** If you are a member of the

armed forces or separated/ discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Workers Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Activities.** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Health Oversight Activities.** We may disclose health information about you 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 right laws.

**Lawsuits and Disputes.** We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process that is not accompanied by a court or administrative order, 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 disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.

**Coroners, Health Examiners and Funeral Directors.** We may release health information about our patients to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as may be necessary for them to carry out their duties.