

# ANCHOR HEALTH CENTERS' 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 \*\*\*

### A. OUR COMMITMENT TO YOUR PRIVACY

Anchor Health Centers is dedicated to maintaining the privacy of your medical and financial information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law; Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act 2009 (HITECH) and the Identity Theft Act 2003 (Red Flag Rule), to maintain the confidentiality of the medical and financial information that identifies you and to provide you with this notice of our legal duties and the privacy practices. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your medical/financial information.
- Your privacy rights regarding the use of this information.
- Our obligations concerning the use and disclosure of this information.

When you arrive at an AHC office for the first time, you will receive the abbreviated NOTICE OF PRIVACY PRACTICES that is on the patient demographic sheet. We will ask for your written acknowledgment of receiving this Notice and if you can not sign the acknowledgement, we will document the reason that your acknowledgement was not obtained.

### B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE

The Office of Clinical Compliance and Quality Improvement will be able to answer any questions you have regarding this policy. The office is located at 801 Anchor Rode Drive, Suite 300, Naples, Florida, 34103. The phone number is 239-436-2840.

### C. HOW WE USE AND DISCLOSE YOUR MEDICAL/FINANCIAL INFORMATION

1. **Treatment.** Our practices may use your medical information to treat you. For example, we may ask you to have laboratory tests and we may use the results to help us reach a diagnosis. Sharing your medical information with a pharmacy when we order a prescription for you is another example of how we use this information. Many of the people who work for our practices, including, but not limited to, our doctors and nurses, may use or disclose your information in order to treat you or to assist others in your treatment. Additionally, we may disclose information to others who may assist in your care, such as your spouse, children or parents.
2. **Payment.** Our practices may use and disclose your medical/financial information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose information to obtain payment from third parties that may be responsible for such costs, such as family members.
3. **Health Care Operations.** Our practices may use and disclose your medical/financial information to operate our business. For example, we may use this information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities.
4. **Other Situations in Which We May Use and Disclose Your Information**
  - Appointment Reminders - we may contact you and remind you of an appointment, using the answering machine or secure email.
  - Treatment Options - we may inform you of potential treatment options or alternatives, such as participating in a clinical trial.
  - Health-Related Services - we may inform you of health-related benefits or services that may be of interest to you.
  - Group Clinics - we may ask that you be treated in a clinic setting where multiple patients are present
  - Disclosures Required By Law – we must disclose information to agencies when we are required to do so by federal, state or local law.

### D. USE AND DISCLOSURE OF YOUR MEDICAL/FINANCIAL INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable medical/financial information:

1. **Public Health Risks.** Our practices may disclose your medical information to public health authorities that are authorized by law to collect information for purposes such as maintaining vital records, such as births, deaths and incidents of child abuse or neglect. We will release information necessary to prevent or control disease, injury or disability, potential exposure to a communicable disease or the potential risk for spreading or contracting a disease. We may use information to report reactions to drugs or problems with products or devices and to notify individuals if a product or device they may be using has been recalled. We may notify appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information. Finally we may notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** We may use and disclose your medical/financial information in response to a court or administrative order, a lawsuit, a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain a court or administrative order protecting the information the party has requested.
4. **Law Enforcement.** We may release medical/financial information if asked to do so by a law enforcement official regarding a crime victim, a death we believe has resulted from criminal conduct or criminal conduct such as identity theft at our offices. We will respond to a warrant, summons, court order or subpoena to identify or locate a suspect, material witness, fugitive or missing person.
5. **Deceased Patients.** Our practice may release medical information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. We will also release information to the person who you have designated as your trustee of your estate, next of kin or to an individual specified by you in writing.

6. **Organ and Tissue Donation.** Our practice may release your medical information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
7. **Research.** Our practices may use and disclose your medical information for the purpose of determining if you are a potential candidate for one of the clinical trials being conducted by the Anchor Research Division. This will include allowing one of our research coordinators to review your medical information and discuss the possibility of your involvement with your physician. It will also allow our ancillary departments to share your diagnostic results with our Research Director to determine eligibility for clinical trial participation. If you agree to participate in one of our studies, we will obtain your written authorization prior to using your medical information for research purposes.
8. **Serious Threats to Health or Safety.** Our practices may use and disclose your information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9. **Military.** Our practices may disclose your information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security.** Our practices may disclose your information to federal officials for intelligence and national security activities authorized by law. We also may disclose your information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
11. **Inmates.** Our practices may disclose your information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
12. **Workers' Compensation.** Our practices may release your information for workers' compensation and similar programs.

#### E. YOUR RIGHTS REGARDING YOUR MEDICAL AND FINANCIAL RECORDS

You have the following rights regarding the medical/financial information that we maintain about you. In all cases, you must make a written request to your physician's office specifying the restrictions that you require. All unusual requests will be reviewed by our compliance officer to determine the reasonableness of the request.

1. **Confidential Communications.** You have the right to request that Anchor Health Centers communicate with you about your health and related issues in a particular manner or at a certain location. You do not need to give a reason for this request. It is our current policy to discuss your financial obligations for services rendered at our checkout desks, which are not always private; however, our practices will accommodate reasonable requests for more privacy.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your information for treatment, payment or health care operations using AHC's Request for Restriction Form. You can require that medical information not be disclosed to a health plan if you pay for those services out of pocket. Additionally, you have the right to request that we restrict our disclosure of your information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to every request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Your request must describe in a clear and concise fashion the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both and to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of your medical and billing records that may be used to make decisions about you using AHC's Request for Inspection and Copies Form. Anchor Health Centers may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. A licensed health care professional chosen by us will conduct reviews.
4. **Amendment.** You may ask us to amend your medical/financial information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment using AHC's Request for Amendment Form. Anchor Health Centers will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is, in our opinion, already accurate and complete or is not part of the records kept by or for the practice. Your request may also be denied if the records are not part of those that you would be permitted to inspect and copy, such as psychotherapy notes.
5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your medical/financial records for non-treatment or operations purposes. It is not required that we document the use of your health information as part of the routine patient care. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure for non-treatment, payment or operations purposes. Your request may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practices will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. All requests for accounting of disclosures must be submitted in writing using AHC's Request for Disclosure Form.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. All notices and written acknowledgements will be retained for 6 years.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Compliance Office at Anchor Health Centers or with the Secretary of the Department of Health and Human Services. If you suspect identity theft, please contact our Compliance Office and we will guide you through the process of filing a report. To file a complaint or address a concern with our practice, contact Karen Sandrick, Director of Clinical Compliance and Quality Improvement at 239-436-2840. You will not be penalized for filing a complaint and we will do everything that we can to resolve your concerns.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practices will obtain your written authorization using AHC's Authorization Form for uses and disclosures that are not identified by this notice or permitted by applicable law. You may revoke any authorization you previously provide to us unless the provider has taken action in reliance on it. Revocations must be in writing. After you revoke your authorization, we will no longer use or disclose your medical/financial information for the purposes described in the authorization. Please note that we are required to retain records of your care.
9. **Detection of Breaches and Mitigation**  
AHC will take reasonable precautions to detect breaches in the security of your medical and financial information. You have the right to be notified of certain disclosures and AHC will employ an action plan that will attempt to mitigate harmful outcomes resulting from those breaches.

The terms of this notice apply to all records containing your medical/financial information that are created or retained by our practices. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practices have created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practices will post a copy of our current Notice in our offices in a visible location at all times and on our Website. You may request a copy of our most current Notice at any time. Effective date: April 14, '03 Revised date: January 27, '10