

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 READ IT CAREFULLY.

If you have any questions about this Notice, please contact:

Caleb Ott
Privacy Officer
116 W. Minnesota Ave (PO Box 1143)
McCloud, CA 96056
530-964-2389
CalebO@mccloudhealth.com

This Notice of Privacy Practices describes how McCloud Healthcare Clinic, Inc. (“the Clinic”) comprised of McCloud Healthcare Clinic, McCloud Dental Center, and Dunsmuir Community Health Center, may use and disclose your protected health information. Protected health information is any information about you that relates to your past, present, or future physical or mental health, as well as related health care services. As is described in this Notice, your protected health information may be used to carry out treatment, payment, or health care operations and for other purposes, either permitted or required by law. This Notice also describes your rights to access and control your protected health information.

The Clinic is required by law to maintain the privacy of protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

A. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by the Clinic and others outside of our office for the purpose of treatment and providing health care services to you. Your protected health information may also be used and disclosed to pay bills associated with health care services provided to you.

The following are examples of the types of uses and disclosures of your protected health information that the Clinic is permitted to make. These examples are not meant to be exhaustive, but they describe the types of uses and disclosure that could be made.

1. Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we may share your medical information with other physicians or health care providers who will provide services that the Clinic does not provide. We may also share protected health information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose your medical information to members of your family or others who can help you when you are sick, injured, or following your death.

2. Payment

The Clinic uses and discloses your medical information to obtain payment for health care services it provides. For example, we give your health plan the information it requires for payment. The Clinic may

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also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations

We may use or disclose your protected health information in order to perform Clinic business activities. These activities could include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising, and conducting or arranging for other business activities.

The Clinic will also share your protected health information with third party “business associates” that perform various activities on our behalf. Examples of activities business associates may perform for us could include billing or transcription services. When it is necessary for us to use or disclose your protected health information with a business associate, we will have a written contract that contains terms that will protect the privacy of your health information. Federal law also requires business associates to protect the privacy of your health information.

We may also use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact Privacy Officer if you do not want these materials sent to you.

We may also use or disclose your demographic information and dates of treatment, as needed, in order to contact you for fundraising activities supported by our office. You may contact Privacy Officer if you do not want these materials sent to you.

B. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity To Object

There are certain limited situations where the Clinic may use or disclose your protected health information without your authorization and without giving you the opportunity to object. The following are examples of those situations.

1. Required By Law

We may use or disclose your protected health information to the extent that the use or disclosure is required by federal or state law. The use or disclosure will be made in compliance with the applicable law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

2. Public Health

The Clinic may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, or disability.

3. Communicable Disease

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

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4. Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law. This could include, but are not limited to, audits, investigations, or inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

5. Abuse or Neglect

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect, or elder abuse or neglect. In addition, we may disclose your protected health information to the appropriate government entity if we believe that you have been a victim of abuse, neglect, or domestic violence. We will disclose this information consistent with the requirements of applicable federal and state laws.

6. Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities. This can include, but is not limited to, reporting adverse events, product defects or problems, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

7. Legal Proceedings

The Clinic may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) or in certain conditions in response to a subpoena, discovery request or other lawful process.

8. Law Enforcement

We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include, but are not limited to, identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury subpoena, or other law enforcement purposes.

9. Coroners, Funeral Directors, and Organ Donation

We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties required by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue, donation purposes.

10. Research

The Clinic may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

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11. Criminal Activity

Consistent with applicable federal and state law, we may disclose your protected health information if we reasonably believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

12. Military Activity and National Security

When the appropriate conditions apply, the Clinic may use or disclose protected health information of individuals who are Armed Forces personnel for a variety of reasons. These include, but are not limited to, activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility benefits, or to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President.

13. Workers' Compensation

We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs. For example, to the extent your care is covered by workers' compensation, we may make periodic reports to your employer about your condition. We may also be required by law to report cases of occupational injury or occupational illness to your employer or the workers' compensation insurer.

14. Inmates

We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

C. Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described. You may revoke this authorization in writing at any time. If you revoke your authorization, the Clinic will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

D. Other Permitted and Required Uses and Disclosures That Require Providing You The Opportunity to Agree or Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

1. Facility Directories

Unless you object, the Clinic may use or disclose your name, location where you are receiving care, your general condition (such as fair or stable), and your religious affiliation in a facility directory. This information, except religious affiliation, will only be disclosed to people who ask for you by name. Your religious affiliation will only be given to a clergy member, such as a priest or rabbi.

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2. Others Involved in Your Health Care or Payment For Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information. However, only the protected health information that directly relates to that person's involvement in your health care will be disclosed. If you are unable to agree or object to such a disclosure, the Clinic may disclose such information as necessary if we determine it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

E. Your Rights

In this section we explain your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. You Have The Right To Inspect And Copy Your Protected Health Information

This means you may inspect and obtain a copy of your protected health information for as long as the Clinic has maintained that information. You may obtain your medical record that contains medical and billing records, as well as any other records that the Clinic uses for making decisions about your care and treatment. Federal and state law permit us to charge you a reasonable fee to copy your records for you.

Under federal law, however, there are certain types of records you are not permitted to inspect or copy. These include psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action; and laboratory results that are subject to law that prohibits access to protected health information. In certain circumstances, a decision to deny access may be reviewable. Alternatively, in some circumstances you may have a right to have the decision to deny you access reviewed. Please contact Privacy Officer if you have questions about access to your medical record.

2. You Have The Right To Request Restriction Of Your Protected Health Information

You have the right to ask us to not use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as previously described in this Notice of Privacy Practices. Please be sure that your request states the specific restriction you are requesting, and to whom you want the restriction to apply.

Please keep in mind that your physician is not required to agree to a restriction that you request. If your physician does agree to the requested restriction, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Therefore, it is important that you discuss any restriction you wish to request with your physician. You may request a restriction by sending a written request stating the specific restriction and to whom it applies to Privacy Officer.

3. You Have The Right To Request To Receive Confidential Communications From Us By Alternative Means Or At An Alternative Location

You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your

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work address. The Clinic will comply will all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

4. You Have The Right To Have Your Protected Health Information Amended

You have the right to request an amendment of your protected health information that your believe is incomplete or inaccurate for as long as the Clinic maintains this information. Your request to amend must be made in writing, and include the reasons you believe the information is inaccurate or incomplete. In certain cases your request for an amendment may be denied. If your request for an amendment is denied, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. Please contact Privacy Officer if you have any questions about amending your medical record.

5. You Have The Right To Receive An Accounting Of Certain Disclosures Of Your Protected Health Information

You have the right to an accounting of disclosures made for purposes other than treatment, payment, or health care operations as previously described in this Notice of Privacy Practices. This right also does not include disclosures made to you if you authorized us to make the disclosure. It also does not include disclosures for a facility directory, to family members or friends involved in your care, or for their notification purposes. Additionally, it does not include disclosures made for national security or intelligence, to law enforcement or correctional facilities. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

6. You Have The Right To Obtain A Paper Copy Of This Notice

You have the right to obtain a paper copy of this notice from the Clinic even if you have agreed to accept this notice electronically.

F. Complaints

You may complain directly to McCloud Healthcare Clinic, Inc., or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint against us by notifying Privacy Officer of your complaint. We will not retaliate against you in any way for filing a complaint.

This notice was published and becomes effective on 8-31-16.