

NOTICE OF PRIVACY AND CONFIDENTIALITY 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.

Personal and health information, also known as Protected Health Information (PHI), includes both medical information regarding your care and treatment that we collect when providing services and individually identifiable personal information, which may include your name, address, telephone number, social security number or other personal information that you provide to us. This information may be in electronic, written and/or oral forms when used.

We understand that your medical and other identifiable information is personal to you, and we are committed to protecting that information. We generally create a record of the care and services that you receive from us in order to monitor the quality of your care and comply with certain legal requirements. These privacy policies will apply to all such records. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will not use or disclose your health information without your authorization, except as described in this notice.

How the Physicians' Care Clinic (PCC) May Use and Disclose Medical Information about You: The PCC may use and disclose personal and health information about you, without your authorization, for the following purposes:

Treatment: The PCC may use and disclose personal and health information about you to provide, coordinate or manage your health care by us and other healthcare providers. PCC may also disclose information about you to other doctors, nurses, technicians, staff and other healthcare professionals who become involved in your care, to provide you with appointment reminders or test results or, with your permission, to recommend alternative treatments to you.

Healthcare Operations: PCC may use personal and health information about you for our own operations. We may also use and disclose your personal and health information to health professionals for educational or performance evaluation purposes; to help ensure that all our patients receive quality care; to determine your satisfaction with services provided, or for general business management and operational activities.

Federal regulations also permit PCC to use and disclose personal and health information about you, without your authorization, for the following purposes:

- To comply with workers' compensation or similar programs;
- To the extent necessary to avert a serious and imminent threat to your health or safety or the health and safety of others;
- If asked to do so by a law enforcement officer and/or in response to a subpoena, court or administrative order, warrant, discovery request or other lawful process;
- If asked to do so by authorized military command authorities or federal officials if you are in the armed forces or are a veteran, or as required for lawful intelligence, counterintelligence and other national security activities;
- To a coroner or medical examiner if necessary to identify a deceased person or to determine a cause of death, or to a funeral director in connection with the performance of their duties;
- To PCC Business Associates who assist us with treatment, billing, or payment operations;
- When we are required to do so by applicable federal, state or local law.

Otherwise, we will not use or disclose your PHI without your prior express written permission. You may revoke your authorization in writing at any time, unless we have already acted in reliance upon it.

YOUR RIGHTS REGARDING YOUR PERSONAL AND MEDICAL INFORMATION

Individual Rights: Although your health record is the physical property of the facility or healthcare practitioner that compiled it, the information belongs to you. You have the right to access, inspect and obtain a copy of your PHI by sending us a written request on a specific form. This right applies to most medical and billing information. You may obtain the required form by using the contact information listed at the end of this notice. Reasonable copying and mailing charges may apply.

You have the right to request restriction on the use and disclosure of your PHI; limit the disclosure of your PHI to someone involved in your care or the payment for your care; receive confidential communications or request specifically that we communicate with you in a certain manner or location. PCC is not required to agree to any requested restriction if we believe that it is in your best interests to permit the use and disclosure of your information. Any restriction request shall be made in writing to the person listed below, and must specify the restriction requested and to who it is to apply. Even if we agree to a restriction, either you or PCC can later terminate the restriction.

You have the right to request the amendment of medical information about you for as long as we maintain the medical information if you believe that the information we have about you is incomplete or incorrect. You must make a request in writing to the person listed at the end of this notice in order to request an amendment. We may deny your amendment request if it is not in writing, is not supported by a reason for the request, if we believe it is inaccurate, if it involves part of your record that was not created by us, or if the underlying information is inaccurate and incomplete. If we amend the information for you, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosure of that information. If we deny your request for amendment, you have the right to have your request and our denial added to your record.

Our Responsibilities: PCC is required to maintain the privacy of your PHI; provide you with a notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you; notify you if we are unable to agree to a requested restriction; accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative location; abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. We will not use or disclose your PHI without your authorization, except as described in this notice.

PATIENT RIGHTS AND RESPONSIBILITIES

Understanding that the Physicians' Care Clinic is an all volunteer evening clinic providing non-urgent care for DeKalb County resident adults who are low-income and without medical insurance:

| <i>As a Physicians' Care Clinic patient, you have the right to:</i> | <i>As a Physicians' Care Clinic patient, you have the responsibility to:</i> |
|---|--|
| Healthcare services equally accessible to all persons without bias related to race, creed, sex, nationality, age w/in clinic guidelines, or payment source. | Give complete, correct information about your medical complaints, past illnesses and hospitalizations, medications and treatments, lifestyle habits and other matters that relate to your health. |
| High-quality, medically indicated and appropriate care. | Inform us if you are in pain so that we can appropriately treat it. |
| Know the risks and benefits of any procedure recommended and any alternative treatments that are available. | Provide accurate information about your age, county of residence, insurance coverage and your ability to pay for your care. |
| A discussion about the ethical issues of your case. | Tell your doctor or nurse if you think your safety is at risk. |
| A safe and secure environment. | Tell your doctor or nurse about any changes in your condition. |
| Talk with a clinic representative about your care or the way you have been treated when in the clinic. | Tell your health care provider if you do not understand your treatment or any instructions given to you, or if you anticipate a problem in following your treatment plan once you go home. |
| Know the identity of each member of your healthcare team. | Follow the plan of care that you and your doctor agreed upon and keep your scheduled appointments for follow-up. |
| Reasonable continuity of your medical care when being transferred to an alternative facility/service. We will help you coordinate the transition of your care. | Accept the consequences if you refuse treatment or if you do not follow your doctor's medical instructions. These consequences may include your being directed to find another doctor or health care facility. |
| Be free from all forms of abuse or harassment. | Treat the property of others and of the clinic respectfully. |
| Respectful, considerate and courteous care while preserving patient dignity. | Respect the rights of other patients and health care personnel. Show your consideration for other by controlling noise; smoking only in designated areas; and refraining from other behaviors that negatively impact others. |
| A clear understanding of his/her health status, diagnosis and progress and of all recommended tests and procedures. | |
| Participate in decisions about your care, refuse treatments or procedures within the limits allowed by state law and a clear explanation of the consequences of refusal or if you refuse treatment. | |
| Know if your treatments are effective or if there are any unanticipated outcomes to your treatment. | |
| Privacy within the health care setting, including your right to private conversations and private examinations by your physician. You also have the right to confidentiality about your medical care. We will not release your medical information without your permission. | |
| Have your cultural, spiritual, personal value beliefs and social needs respected by your health care team. | |
| See your medical records. | |
| Access, request amendment to, and receive an accounting of disclosures regarding his/her own health information as permitted under applicable law. | |
| Informed consent. | |