



CENTENARY FAMILY & URGENT CARE

HIPAA NOTICE OF PRIVACY PRACTICES HIPAA NOTIFICACION DE PRACTICA CONFIDENCIAL

Commitment to Privacy

The appropriate collection, use and disclosure of patients' personal health information is fundamental to our day-to-day operations and to patient care. Protecting the privacy and the confidentiality of patient personal information is important to the physicians and staff at Centenary Family & Urgent Care. We strive to provide our patients with excellent medical care and service. Every member of Centenary Family & Urgent Care must abide by our commitment to privacy in the handling of personal information. This policy was last modified on the 14th day of October, 2020.

Applicability of This Privacy Policy

Our Privacy Policy attests to our commitment to privacy and demonstrates the ways we ensure that patient privacy is protected. Our Privacy Policy applies to the personal health information of all our patients that is in our possession and control.

What is Personal Health Information?

Personal health information means identifying information about an individual relating to their physical or mental health (including medical history), the providing of health care to the individual, payments or eligibility for health care, organ and tissue donation and health number.

The 10 Principles of Privacy

Our Privacy Policy reflects our compliance with fair information practices, applicable laws and standards of practice.

1. Accountability

we take our commitment to securing patient privacy very seriously. Each physician and employee associated with the Practice is responsible for the personal information under his/her control. Our employees are informed about the importance of privacy and receive information periodically to update them about our Privacy Policy and related issues.

2. Identifying Purposes: Why We Collect Information

We ask you for information to establish a relationship and serve your medical needs. We obtain most of our information about you directly from you, or from other health practitioners whom you have seen and authorized to disclose to us. You are entitled to know how we use your information and this is described in the Privacy Statement posted at The Centre for Family Medicine. We will



CENTENARY FAMILY & URGENT CARE

limit the information we collect to what we need for those purposes, and we will use it only for those purposes. We will obtain your consent if we wish to use your information for any other purpose.

3. Consent

You have the right to determine how your personal health information is used and disclosed. For most health care purposes, your consent is implied as a result of your consent to treatment, however, in all circumstances express consent must be written. Your written Consent will be forwarded to the Privacy Officer who will document the request in patient's medical records and notify appropriate Health care providers and their supporting staff.

Patients who have withdrawn consent to disclose PHI must sign and date the Consent to Withdrawal Form. It is understood that the consent directive applies only to the PHI which the patient has already provided, and not to PHI which the patient might provide in the future: PHIPA permits certain collections, uses, and disclosures of the PHI, despite the consent directive; healthcare providers may override the consent directive in certain circumstances, such as emergencies; and the consent directive may result in delays in receiving health care, reduced quality of care due to healthcare provider's lacking complete information about the patient, and healthcare provider's refusal to offer non-emergency care. Your written Consent to Withdrawal Form will be forwarded to the Privacy Officer who will document the request in patient's medical records and notify appropriate Health care providers and their supporting staff.

4. Limiting Collection

We collect information by fair and lawful means and collect only that information which may be necessary for purposes related to the provision of your medical care.

5. Limiting Use, Disclosure and Retention

The information we request from you is used for the purposes defined. We will seek your consent before using the information for purposes beyond the scope of the posted Privacy Statement. Under no circumstances do we sell patient lists or other personal information to third parties. There are some types of disclosure of your personal health information that may occur as part of this Practice fulfilling its routine obligations and/or practice management. This includes consultants and suppliers to the Practice, on the understanding that they abide by our Privacy Policy, and only to the extent necessary to allow them to provide business services or support to this Practice. We will retain your information only for the time it is required for the purposes we describe and once your personal information is no longer required, it will be destroyed. However, due to our on-going exposure to potential claims, some information is kept for a longer period. Patients may be required to sign and date Consent to Disclose PHI Form and pay a fee based on current OMA rates prior to release of information.



CENTENARY FAMILY & URGENT CARE

6. Accuracy

We endeavor to ensure that all decisions involving your personal information are based upon accurate and timely information. While we will do our best to base our decisions on accurate information, we rely on you to disclose all material information and to inform us of any relevant changes.

7. Safeguards: Protecting Your Information

We protect your information with appropriate safeguards and security measures. The Practice maintains personal information in a combination of paper and electronic files. Recent paper records concerning individuals' personal information are stored in files kept onsite at our office. Older records may be stored securely offsite.

Access to personal information will be authorized only for the physicians and employees associated with the Practice, and other agents who require access in the performance of their duties, and to those otherwise authorized by law.

We provide information to health care providers acting on your behalf, on the understanding that they are also bound by law and ethics to safeguard your privacy. Other organizations and agents must agree to abide by our Privacy Policy and may be asked to sign contracts to that effect. We will give them only the information necessary to perform the services for which they are engaged, and will require that they not store, use or disclose the information for purposes other than to carry out those services.

Our computer systems are password-secured and constructed in such a way that only authorized individuals can access secure systems and databases.

If you send us an e-mail message that includes personal information, such as your name included in the "address", we will use that information to respond to your inquiry. Please remember that e-mail is not necessarily secure against interception. If your communication is very sensitive, you should not send it electronically unless the e-mail is encrypted or your browser indicates that the access is secure.

8. Openness: Keeping You Informed

The Practice has prepared this plain-language Privacy Policy to keep you informed. You may view a copy by visiting our website at www.family-medicine.ca. If you have any additional questions or concerns about privacy, we invite you to contact us by phone and we will address your concerns to the best of our ability.

9. Access and Correction

With limited exceptions, we will give you access to the information we retain about you within a reasonable time, upon presentation of a written request and satisfactory identification. We may charge you a fee for this service and if so, we will give you notice in advance of processing your request. If you find errors of fact in your personal health information, please notify us as soon as possible and we will make the appropriate corrections. We are not required to correct information



CENTENARY FAMILY & URGENT CARE

relating to clinical observations or opinions made in good faith. You have a right to append a short statement of disagreement to your record if we refuse to make a requested change. If we deny your request for access to your personal information, we will advise you in writing of the reason for the refusal and you may then challenge our decision.

10. Challenging Compliance

We encourage you to contact us with any questions or concerns you might have about your privacy or our Privacy Policy. We will investigate and respond to your concerns about any aspect of our handling of your information.

In most cases, an issue is resolved simply by telling us about it and discussing it. You can reach us at:

Onisha Griffin, Privacy Officer
Centenary Family & Urgent Care
8702 S Lancaster Rd #160A Dallas TX, 75241
469-949-8900 (phone)
214-339-2784 (fax)

If, after contacting us, you feel that your concerns have not been addressed to your satisfaction, you have the right to complain to the Information and Privacy Commissioner. The Commissioner can be reached at:

Open and fill out the [Health Information Privacy Complaint Form Package - PDF](#) in PDF format. You will need Adobe Reader software to fill out the complaint and consent forms. You may either:

*Print and mail the completed complaint and consent forms to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

*Email the completed complaint and consent forms to OCRComplaint@hhs.gov

If you prefer, you may submit a written complaint in your own format by either:

- Print and mail the completed complaint and consent forms to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
- Email to OCRComplaint@hhs.gov



CENTENARY FAMILY & URGENT CARE

Be sure to include:

- Your name
- Full address
 - Telephone numbers (include area code)
 - E-mail address (if available)
- Name, full address and telephone number of the person, agency, or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy or Security Rule
- Brief description of what happened. How, why, and when do you believe your (or someone else's) health information privacy rights were violated, or how the Privacy or Security Rule otherwise was violated
 - Any other relevant information
 - Your signature and date of complaint

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

You may also include:

- If you need special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
 - If you have filed your complaint somewhere else and where you've filed

Print Your Name

Signature

Date

List of person that can receive your medical information and date of birth to identify the person:



CENTENARY FAMILY & URGENT CARE