

LIFE CHOICES MEDICAL CLINIC NOTICE OF PRIVACY PRACTICES

When you receive services through Life Choices, federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), protects your health information. In addition, HIPAA requires that we provide you this Notice of Privacy Rights. It lets you know we may use and disclose your health information and your rights regarding the health information we have in our possession.

HEALTH INFORMATION THAT WE MAINTAIN ABOUT YOU

We maintain records of:

- Your name and (if different) the name and relationship of the person receiving treatment
- Your mailing address
- Your telephone number(s)
- Your (or the patient's, if different) condition that brings you to Life Choices
- The date of your visit(s)
- Clinical findings related to the condition, such as pregnancy tests, ultrasounds, and any other diagnostic or monitoring test

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request restrictions on certain uses and disclosures
- Receive communications of protected health information by alternative means or at alternative locations
- Inspect, copy and amend your protected health information held at Life Choices and receive an accounting of certain disclosures (of your protected health information)
- Receive a paper copy of this notice even if you have received it electronically.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We only use or disclose your health information as state and federal laws require or permit. In some cases, the law may require that you authorize the disclosure. In other cases, the law allows us to disclose your health information without your authorization.

Use and Disclosure Not Requiring Your Authorization

Treatment: We may use your health information for our treatment activities, such as disclosing it to other healthcare providers as helpful to treat you.

Healthcare Operation: We may use and disclose your health information to manage our program operations, such as reviewing the quality of services you receive.

Business Associates: We may disclose your health information to organizations that help us with our work, such as national organizations or auditors. We have a written agreement that requires these organizations to use your health information for only necessary reasons to perform their work and protect it from other uses or disclosures.

To Contact You: We may use the information in your health records to contact you if we have information about treatment or other health-related benefits and services that may be of interest to you.

Use and Disclosure with Your Authorization

Other uses and disclosures of your personal information require your written authorization. You may revoke your authorization at any time by doing so in writing. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

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Other Permitted Uses and Disclosures

HIPAA specifically permits us to use or disclose your health information for other purposes without your consent or authorization. In our experience such disclosures are rare, and the limited information we maintain is generally not applicable. However, when authorized by law, and to the extent we may have the information, HIPAA permits us to disclose it to:

- Comply with the requirements of federal, state, or local laws, court orders or other lawful process and for administrative or court proceedings.
- Report to a public health authority for the purpose of preventing or controlling disease, injury, or disability
- Report to the FDA for the quality, safety or effectiveness of FDA-regulated products or activities
- Notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- Report abuse, neglect, or domestic violence to a government authority
- Provide necessary information to a health oversight agency for activities such as audits, investigations, inspections, licensure of the healthcare system, government benefit programs and regulated entities.
- A law enforcement official for specified law enforcement purposes
- Coroners or medical examiners for identification or determining cause of death.
- Funeral directors to carry out their duties with respect to the decedent.
- Organ procurement organizations for facilitating donation and transplantation.
- Researchers conducting studies approved by an Institutional Review Board
- Prevent or lessen a serious and imminent threat to the health of safety of a person or the public.
- Authorized federal officials for specialized government functions such as military and veteran's activities; national security and intelligence activities; protective services for the president; medical suitability determinations; correctional institutions; government entities providing public benefits and
- Comply with workers' compensation laws.

HOW YOU CAN REACH US

If you want additional information about our privacy practices or if you believe Life Choices has violated your privacy rights, you may file a complaint with the Secretary of the Department of Human Services or by contacting Life Choices Privacy Official at P.O. Box 1768, Dyersburg, TN 38025 or 731-286-4673 between the hours of 8am-5pm Monday, Tuesday, and Thursday. A message may be left for our Privacy Official and your call will be returned within 7 business days.

Life Choices Medical Clinic does not retaliate against those who file a complaint.

ADDITIONAL PROTECTIONS FOR CERTAIN INFORMATION

- Confidential HIV Related Information for which additional protections are provided by state law
- Alcohol or Substance Abuse Treatment Information for which additional protections are provided by state law
- Mental Health Treatment Information for which additional protections are provided by state law

Life Choices reserves the right to update this notice of privacy practices at any time.

Revised 8/15/2023