



## **Notice of Privacy Practice**

**This notice describes your rights regarding your medical information and informs you of how your personal health information may be used. Please review it carefully.**

This notice applies to PINNACLE Family Health Care and to the clients listed at the end of this notice (together referred to as PINNACLE Family Health Care (PINNACLE FAMILY HEALTH CARE, LLC)).

By law, PINNACLE FAMILY HEALTH CARE must keep protected health information ("PHI") private. PHI is any information, including verbal, electronic and on paper that is created or received by PINNACLE FAMILY HEALTH CARE for the purposes of providing health care to patients and for purposes of billing and payment for those services. PHI includes test results, notes written by doctors, nurses, and other clinical staff, and general information such as your name, address, and telephone number that is included in your health care records and your billing records. PINNACLE FAMILY HEALTH CARE is required by law to give you this notice and to follow the notice that is currently in effect.

### **The Health Care Providers Covered by This Notice**

This notice covers PINNACLE FAMILY HEALTH CARE and PINNACLE FAMILY HEALTH CARE co-workers, volunteers, students, and trainees. The notice also covers other health care providers that come to PINNACLE FAMILY HEALTH CARE clinics to care for patients (such as physicians, physician assistants, therapist and other health care providers not employed by PINNACLE FAMILY HEALTH CARE), unless the other health care providers give you their own notice of privacy practices.

### **Permissive Uses or Disclosures**

PINNACLE FAMILY HEALTH CARE may use or share your PHI for any of the purposes described in this section unless you specifically request in writing that we do not. Your written request must be given to your care provider.

- We may call you and remind you of an appointment.
- We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- We may share PHI about you with a friend, family member, personal representative, or any individual you identify as being involved in your care or is paying for some or all of your care.

### **Uses and Disclosures requiring your written permission**

For any purpose other than the ones listed earlier in this notice we may use or share your PHI only when you give us written permission.

### **Psychotherapy Note**

We must obtain your written permission for most uses and disclosures of psychotherapy notes.

### **Marketing**

Before we receive financial payment for marketing activities using your PHI, we must obtain your written permission. We may, however, communicate with you about products or services related to your treatment, case management, care coordination, or alternative treatments, therapies, health care providers or care settings without your permission. Your permission is also not needed for small promotional items and face-to-face communications.

### **Sale of PHI**

We may not sell your PHI without your written permission, except that we may be paid our cost to provide PHI for certain purposes such as public health purposes and other purposes permitted by HIPAA.

### **Revoking Your Authorization**

If you have given us written permission to use and share your PHI, you can take back your permission at any time as long as you tell us in writing. If you take back your permission, we will stop using or sharing your information, but we will not be able to take back any information that we have already shared.

### **You have the following rights:**

#### **Right to Request Restrictions:**

If you pay cash for your health care item or service in full and request that we not share the PHI about that service with your health plan, we will not disclose the PHI about that service to the health plan unless we are required to do so by law.

#### **Rights to Request Confidential Communication:**

You have the right to request PHI in a certain form. Your request must be in writing. For example, you can request that we not contact you at work, and you can tell us how and where you want to receive PHI. We will agree to reasonable request. If we agree to your request, we will honor your request until you tell us in writing that you have changed your mind and no longer want the confidential communication.

#### **Right to Inspect and Receive a Copy of your PHI:**

You have the right to review your PHI and to receive a paper or electronic copy of your PHI. Your request must be in writing. We may charge a fee for the cost of providing you with copies. We may deny your request to access and receive a copy of your PHI in rare situations when doing so is determined by a licensed health care professional to pose a serious risk of harm.

#### **Right to Request a Change to Your PHI:**

You have the right to request that your PHI be corrected if you believe that it contains a mistake or missing information. You must tell us the reason for the change in writing using the request form. You can obtain this form from our privacy officer listed at the end of this notice. PINNACLE FAMILY HEALTH CARE can deny your request if: (1) it is not in writing or does not include a reason for the change; (2) the information you want to change was not created by PINNACLE FHC, (3) the information is not a part of the medical record kept by PINNACLE FHC, (4) the information is not part of the information that you are permitted to inspect or copy; or (5) the information contained in the record is accurate and complete

#### **Right to Notice of a Breach:**

**We are required by law to tell you if there is a breach of your PHI.**

A breach can occur when safeguards to protect PHI fail.

#### **Rights to an Accounting of Disclosures:**

You have the right to request an accounting of disclosures of your PHI that we have made, with some exceptions. Your request must be in writing and must state the time period for the requested information. PINNACLE FAMILY HEALTH CARE will not provide this information for a time period greater than six (6) years from the date of your request. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list.

#### **Right to Receive a Copy of this Notice:**

You have the right to a copy of this Notice. You may view and print a copy of this notice from our website at [www.pinnaclefhc.com](http://www.pinnaclefhc.com). If you want a paper copy of this notice mailed to you, or to exercise any of your rights outlined above, please send a written request to the Health Information Management Department at the PINNACLE FAMILY HEALTH CARE location where you received your health care services, listed at the end of this notice.

#### **Privacy Complaints**

If you have any questions about this Notice, or any concern about the privacy of your PHI, please contact the Privacy Officer for the PINNACLE FAMILY HEALTH CARE provider where you obtained health care services listed at the end of this notice. We hope you will tell us if you have a concern so we can try to fix it, but you also have the right to file a complaint with the Office of Civil Rights (OCR). If you decide to report a complaint to PINNACLE FAMILY HEALTH CARE or to the OCR this will not affect your ability to obtain care and treatment at PINNACLE FAMILY HEALTH CARE.

### **Use and Disclosures of PHI without your Permission**

#### **For Treatment**

We may share PHI about you with people involved in your care. For example, a doctor may need to look at your medical history before treating you.

#### **For Payment**

We may share PHI about you with people involved in your care. For example, we may share your PHI with your insurance company to receive payment for services PINNACLE FAMILY HEALTH CARE provides to you and we may share information with another medical provider so that it may bill for services provided to you.

#### **For Health Care Operations**

We may use and disclose PHI about you for our operations. For example, we may share PHI about you to evaluate our providers and staff performance in caring for you.

#### **For Research**

We may share your PHI with researchers when their research has been approved by an institutional review board (IRB) and found by IRB not to require patient permission. Your permission is required for other types of research.

#### **Other Uses and Disclosures of PHI without your permission**

PINNACLE FAMILY HEALTH CARE may also use or share PHI without your permission for the following purposes:

- Public health activities such as to report the occurrence of communicable disease.
- To report information about victims of abuse, neglect or domestic violence.
- Health oversight activities, such as Medicare and Medicaid program activities.
- Legal proceedings, such as in response to a subpoena or court order.
- Law enforcement purposes, such as with the police or other law enforcement officials who are pursuing a criminal suspect.
- With medical examiners, coroners and funeral directors.
- For organ and tissue donation purposes.
- To avert a serious health or safety threat.
- To comply with workers' compensation law.
- With an entity legally authorized to assist in disaster relief efforts such as the American Red Cross.
- For other purposes as required by law.

#### **Compliance / Privacy Officer:**

- (405) 857-8880
- Sasipha Pahamark MSN, APRN, FNP-C
- 2781 Washington Drive, Suite 101, Norman, OK 73069

#### **Changes to this Notice**

- *We have the right to change this notice at any time. If we change this notice, we may make the new terms effective for all PHI that we maintain. Any changes that we make will comply with federal, state and other laws. The most recent copy of this notice will be on our website. You can also call or write to the Privacy Officer listed at the end of this notice to obtain the most recent version of this notice.*