

Rettig Family Health Care *a Limestone Medical Center Clinic*

NOTICE OF PRIVACY PRACTICES

Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Rettig Family Health Care, a Limestone Medical Center Clinic, is dedicated to maintaining the privacy of your personal health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to provide you with this notice of our privacy practices that we maintain in our practice concerning your Personal Health Information, and will also maintain the confidentiality of health information that identifies you. By federal and state law, we must follow the terms of this notice of privacy practices. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your personal health information
- Your privacy rights in your personal health information
- Our obligations concerning the use and disclosure of your personal information

Questions concerning this notice may be submitted in writing to our clinic at:
204 W. Trinity Street, Groesbeck, TX 76642

Under the guidelines of HIPAA, we may use your Individually Identifiable Health Information (IIHI) in the following situations:

A. Treatment

Our practice may use your IIHI to treat you. We may disclose your IIHI to others who are involved in your care including nurses, pharmacists, physicians, clerical staff, or to other health care providers for purposes related to your treatment.

B. Payment

Our practice may use and/or disclose your IIHI in order to bill and collect payment for the services received in our clinic.

C. Health Care Operations

Our practice may use and disclose your IIHI to operate our business.

D. Appointment Reminders

Our practice may use and disclose your IIHI to contact you and remind you of an appointment.

E. Release of Information to Family/Friends

Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you.

F. Disclosures Required by Law

Our practice will disclose your IIHI when we are required to do so by federal, state, or local law.

G. Public Health Risks

Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of maintaining the health and safety of the public.

H. Health Oversight Activities

Our practice may disclose your IIHI to a health oversight agency for activities authorized by law, such as to monitor compliance with civil rights laws and the health care system in general.

I. Lawsuits and Similar Proceedings

Our practice may use and disclose your IIHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding.

J. Law Enforcement

We may release IIHI if asked to do so by a law enforcement official in investigation of a crime.

K. Serious Threats to Health or Safety

Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

L. Military

Our practice may disclose your IIHI if you are a member of the military forces as required.

M. National Security

Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law.

N. Inmates

Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official for treatment considerations.

O. Workers' Compensation

Our practice may release your IIHI for workers' compensation and similar programs.

Your Rights Regarding Your Personal Health Information

A. Confidential Communications

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work.

B. Requesting Restrictions

You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment, or health care operations restricting our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care. ***We are not required to agree to***

your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

C. Inspection and Copies

You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes.

D. Amendment

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. However, we may deny your request if your health information is in our opinion accurate and complete.

E. Accounting of Disclosures

All of our patients have the right to request an “accounting of disclosures” which is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes.

F. Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.

G. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.

H. Right to Provide an Authorization for Other Uses and Disclosures

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. You may revoke any authorization regarding the use and disclosure of your IIHI at any time *in writing*.

For any questions or special requests regarding this notice or our privacy policies, please contact our office in writing and reasonable steps will be taken to accommodate your requests.

The terms of this Notice apply to all records containing your personal information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.