

Privacy Policy Notice

Effective Date January 1, 2019

MERCY WELLNESS CLINIC NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes our office's practices and that of: Any health care professional authorized to enter information into your chart, All departments and units of the office, Any member of a volunteer group we allow to help you while you are in the office, All employees, staff and other office personnel of Mercy Wellness Clinic. These entities follow the terms of this notice at this location. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or office operations purposes described in this notice.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the office, whether made by office personnel or your personal doctor.

Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

NORMAL PROCEDURES: The customary and normal procedures of this office are: Allowing family members and friends to make appointments for the patient, Calling patients to remind of appointments by speaking directly with the patient, leaving a message with the person who answers the phone at the home or the workplace, leaving a message on an answering machine or a voice mail, Appointment reminders are sent through text, phone, email, and our patient portal depending on the patient's request, Using a sign in sheet for patients who come in to be seen on any given day, Patient's names will be called out when updated information is needed or when being called back to be examined, during the course of the examination it may be necessary to show informational videos to a patient with other patients present. We will, in good faith, make every effort to protect your privacy as much as possible in the process of being seen and treated at Mercy Wellness Clinic.

Financial matters are discussed upon check in and check out, however, we will make every effort to be as discrete and private as possible under the physical constraints available in our offices

The following categories describe different ways that we use and disclose medical information. All of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you at the office. For example, a doctor treating you for an injury may need to know if you have diabetes, because diabetes may slow the healing process. We also may disclose medical information about you to people outside the office who may be involved in your medical care after you leave the office, such as family members, clergy or others we use to provide services that are part of your care.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at the office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment received in our office so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

For Health Care Operations. We may use and disclose medical information about you for the office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many office patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other office personnel for review and learning purposes. We may also combine the medical information we have with medical information from other offices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. **Individuals involved in your care or payment for your care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family and friends that you are in the office. **In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition.** As required by law we will disclose medical information about you when required to do so by federal, state or local law. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy, in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen to the office will review your request and

the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the medical practice. To request an amendment, your request must be made in writing and submitted to the Medical Records Department. We may deny your request for an amendment if it is not made in writing or does not include a reason to support the request.

Right to Request Confidential Communications. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the Medical Records Department.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information that we already have about you as well as any information we receive in the future. We will make available a copy of the current notice in the office. The notice will contain on the first page, the effective date. In addition, each time you register at this office for treatment or health care services, a copy of the current notice in effect will be available for review.

If you believe your privacy rights have been violated, you may file a complaint with Mercy Wellness Clinic or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Revised 01/01/2019