

**H. Hart Hagan Clinic of**  
*The Southern Baptist Theological Seminary*

## **NOTICE OF PRIVACY PRACTICES**

**Effective Date: April 14, 2003**

**This notice describes how medical information about you (as a patient of this clinic) may be used and disclosed and how you can get access to this information. Please review it carefully.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous privacy regulations and requirements concerning the use and disclosure of individual health information. This information, known as protected health information, includes virtually all individually identifiable health information whether received in writing, in an electronic medium, or as an oral communication.

### **Our commitment to your privacy**

H. Hart Hagan Clinic is required by law to maintain the confidentiality of your health information. We are dedicated to maintaining the privacy of your health information.

It is our obligation to provide you with the following important information:

### **Use and disclosure of your health information**

The privacy rules generally allow the use and disclosure of your health information without your permission (known as authorization) for purposes of Health Care Treatment, Payment, and Health Care Operation. Here are some examples of what might entail:

- Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example: physicians who are treating you may share health care information about you.*
- Payment includes activities to provide information on premiums for coverage determinations to outside providers for reimbursement. *For example: information about your coverage may be shared with outside provider on special tests that are referred out and billed to insurance.*
- Health Care Operation includes limited circumstances such as wellness and risk assessment programs, quality assessment and improvement activities. Also, operations may include training, accreditation activities, arranging for medical

review or audit activities or business planning and development. *For example: review of charts for quality assessment or state audits.*

### **Use and disclosure of your health information in certain special circumstances.**

The following circumstances may require us to disclose your health information:

- To public health authorities and health oversight agencies that are authorized by law to collect information.
- Lawsuits and similar proceedings in response to a court or administrative order.
- If required to do so by a law enforcement official.
- 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. We will only make disclosures to a person or organization able to prevent the threat.
- If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- For Workers Compensation and similar programs.

### **Your rights regarding your health information**

- **Communication**—You can request that the clinic staff communicate with you about your health and related issues in a particular manner or at a certain location. *Example: You may ask that we contact you at home, rather than work. We will accommodate reasonable requests.*
- You may request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. 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.
- You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to H. Hart Hagan Clinic and/or sign a release form for “authorization for disclosure of health information”.
- You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by our clinic. To request an amendment, your request must be made in writing and submitted to the clinic. A

reason that supports your request must be provided. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for our office;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- Right to a paper copy of this notice. You are entitled to receive a copy of the Notice of Privacy Practices.
  - Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the clinic contact the clinic supervisor. All complaints must be submitted in writing.  
**You will not be penalized or retaliated against for filing a complaint.**
  - Right to provide an authorization for other uses and disclosures. The clinic will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

#### CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. A current notice will be posted in the office. Each time upon registering at the clinic we will offer you a copy of the current notice in effect.

*If there are questions regarding this notice or our health information privacy policies, please contact the clinic supervisor.*