

# Privacy Policy

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## Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

It is Margaret Medical Clinic's policy and legal obligation to protect the confidentiality of the protected health and personal information of our patients and to prevent unauthorized access to, or the use or disclosure of such information. This is called Protected Health Information. This policy applies to all current or former patients of Margaret Medical Clinic.

Individually identifiable health and personal information is any past, present, or future information obtained by Margaret Medical Clinic in connection with providing healthcare treatment, obtaining payment or other related health care operations for you

Margaret Medical Clinic collects information to learn about your medical history, medical conditions, to render treatment and collect payment for our services. We gather this information from forms and health questionnaires you complete. In addition, we gather information based on our discussions and conversations with you, your personal representative, and your family members. Your healthcare plan or insurance carrier may provide information to our office.

As part of our standard healthcare operations, we may share information with other physicians, a facility such as a hospital, laboratory, diagnostic service, or healthcare provider to efficiently coordinate your treatment plan. For contracted insurers, your information will be used for claims management and to obtain payment from your insurance carrier. We may disclose Protected Health Information for workman's compensation or similar programs for work-related injuries or illness.

In addition, your Protected Health Information:

- May be reviewed by our medical staff to identify patients for possible referral in research studies. You will be contacted prior to the use of your information in a research study.
- We may disclose a limited data set if we have an agreement with the recipient where they agree to use the data only for the purpose provided, ensure your confidentiality, the security of the data and not identify or contact any individual
- We may contact you by phone, letter or email about treatment alternatives or other health related benefits and services.
- Your information is maintained in our office and data center on our practice management and electronic medical record computer. We limit access to your Protected Health Information to those employees and business associates who need to know that information.
- We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is prohibited by law.



- We will disclose your Protected Health Information when required by international, federal, state, or local law. This includes when your information is subpoenaed by a court.
- We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions and services. All our business associates are obligated under contract with us to protect the privacy and ensure the security of your Protected Health Information.

#### Uses and Disclosures that Require Us to Give You an Opportunity to Object or Opt Out

- Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- We may disclose your Protected Health Information to disaster relief organizations that seek it to coordinate your care or to notify family and friends of your location or condition in a disaster. We will provide you the opportunity to agree or object to such disclosure whenever we can.

#### Your Rights Regarding your Protected Health Information

You have the following rights, subject to certain limitations, regarding your health information:

- Right to a summary, to inspect and request a copy of your record. We have up to 30 days to make copies of your health information available to you and we may charge you a reasonable fee for copying and mailing. You have a right to an Electronic Copy of your Medical Record to be given to you or another individual you designate. Your record will be provided in our standard format or as a readable hard copy. We may not charge you if the information is needed for benefits under the Social Security act. We may deny your request in limited circumstances, and you may appeal our denial.
- Right to Get Notice of Breach. We will inform you if there is a breach of your unsecured Protected Health Information.
- With some limitations, you have right to request amendments, restrictions, or limitations. If you feel your health record is incorrect or incomplete, you may ask us to amend the information. A request for an amendment should be made to our Privacy Officer at the address below and it must tell us the reason for your request. If we deny your request to amend the record you may file a statement of disagreement with us.
- You have a right to an accounting of disclosures of your Protected Health Information which lists the disclosures and the purpose if other than for treatment, payment, or healthcare operations.
- You have the right to request that we communicate with you only on certain confidential ways to preserve your privacy. You must make all requests in writing and provide specific information on how we are to contact you. We will honor all reasonable requests.
- We may not and are not required to agree to your request for a restriction or a restriction you request may not be permitted under law. If we do agree to your request to restrict the disclosure of health information, we will do so unless the information is needed to provide you with emergency treatment or comply with the law. We must agree to your request to restrict disclosure of your health



information to a health plan if (a) the request is for the purpose of conducting payment or health care operations and is not otherwise required by law; and (b) the information pertains solely to a health care item or service for which you have already paid us in full.

## **YOUR AUTHORIZATION IS NEEDED FOR OTHER USES AND DISCLOSURES**

We do not disclose personal information to third parties unless we receive signed written authorization from you (or your guardian) to release individually identifiable information that gives exact details to whom the disclosure applies, the information to be released and the applicable dates.

We will not disclose your health information for any purpose not described in this notice unless you give us written authorization to do so. Uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information also require an authorization. If you give us written authorization to disclose your health information, then you may revoke it in writing at any time. Your revocation will be effective for all your health information unless we have already acted based on the previous authorization. We may engage in fundraising activities from time to time. You have the right, however, to opt out of receiving any communications from us regarding fundraising.

We reserve the right to change the terms of this policy at any time and any change will be effective for all past, present, or future Protected Health Information. If we do change this policy, Pell City Internal and Family Medicine will post the revisions in its offices.

If you have a complaint about the management of your health information, contact the Privacy Office at 205-352-0001. The Privacy officer of Margaret Medical Clinic is:

Terri Woods  
125 Jeffrey Wilson Drive  
Odenville, AL 35120

You have the right to file a complaint with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. There will be no retaliation for filing a complaint.

To file a complaint, contact Region IV, Office of Civil Rights District Office in Atlanta. Their address is Sam Nunn Atlanta Federal Center, 61 Forsyth Street SW, Suite 16T70, Atlanta, Georgia 30303-8909. Their phone is 1-800-368 1019, TDD 800-537-7697 or via <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

