

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY:

Our practice is dedicated to maintaining the privacy of your private health information (PHI). 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 maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We must provide you with the following important information:

- how we may use and disclose your PHI
- your privacy rights in your PHI
- our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI 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. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions about this notice, please contact:

Direct Care Clinic of Northwest Arkansas
Attn: Privacy Officer
2104 S. 54th St, Suite 4
Rogers, AR 72578
(479) 268-4504

C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI, unless you object:

1. Treatment. Our practice may use your PHI to treat you. Additionally, we may disclose your PHI to others who may assist in your care, such as other healthcare providers, your spouse, your children or your parents as allowed by law.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs as allowable by law. Also, we may use your PHI to bill you directly for services and items. **IF YOUR EMPLOYER PAYS IN PART OR IN FULL FOR YOUR ENROLLMENT/CARE IN OUR CLINIC, WE WILL NOT DISCLOSE YOUR PHI TO YOUR EMPLOYER UNLESS REQUIRED TO DO SO BY LAW.**

3. Health Care Operations. Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, to develop protocols and clinical guidelines, to develop training programs, and to aid in credentialing, medical review, legal services and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

4. Appointment Reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

5. Treatment Options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that an extended family member or caregiver take their child to our office for a visit. In this example, the adult attending the visit may have access to this child's pertinent medical information.

8. Disclosures Required by Law. Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

9. Business Associates. There are some services provided through contracts with "business associates," such as accounting, legal representation, consulting, medical services, etc. When these services are contracted, we may disclose your PHI to our business associates so that they can perform the job we have asked them to do and, if applicable, bill you or your third-party payer for services rendered. If we disclose protect health information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - maintaining vital records, such as births and deaths
 - reporting child abuse or neglect
 - preventing or controlling disease, injury, or disability
 - notifying a person regarding potential exposure to a communicable disease
 - notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - reporting reactions to drugs or problems with products or devices
 - notifying individuals if a product or device they may be using has been recalled
 - notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence) if the patient agrees or if we are required or authorized by law to disclose this information
 - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance. **IF YOUR EMPLOYER PAYS IN PART OR IN FULL FOR YOUR ENROLLMENT/CARE IN OUR CLINIC, WE WILL NOT DISCLOSE YOUR PHI TO YOUR EMPLOYER UNLESS REQUIRED TO DO SO BY LAW.**
2. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release PHI if required to do so by a law enforcement official:
 - regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - concerning a death we believe has resulted from criminal conduct
 - regarding criminal conduct at our offices
 - in response to a warrant, summons, court order, subpoena or similar legal process
 - to identify/locate a suspect, material witness, fugitive or missing person

- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
 6. Organ and Tissue Donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
 7. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes
 8. Serious Threats to Health or Safety. Our practice may use and disclose your PHI 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. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
 9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 10. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
 11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:
 - (a) for the institution to provide health care services to you,
 - (b) for the safety and security of the institution, and/or
 - (c) to protect your health and safety or the health and safety of other individuals.
 12. Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.
 12. Employers. Our practice may disclose your PHI as related to a pre-employment physical, including urine drug screening and substance abuse testing as allowable by law.

E. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION:

The following uses and disclosures will require your authorization:

1. **Highly Confidential Information:** Federal and State laws require special privacy protections for certain highly confidential information. We will not disclose your medical information 1) maintained in psychotherapy notes; 2) related to mental health treatment, developmental disabilities services, and drug and alcohol abuse treatment; 3) related to HIV status, testing, and treatment as well as any information related to the diagnosis and treatment of sexually transmitted diseases; and 4) genetic information, without, in each case, obtaining your authorization unless otherwise permitted or required by applicable Federal or State law.

2. **Other Uses or Disclosures Requiring Your Specific Authorization:** Other types of uses and disclosures of PHI not identified in this notice will be made only with your written authorization. Your authorization may be revoked, in writing, at any time. However, should you revoke such an authorization, you should understand that we are unable to retract any disclosures we have already made with your permission, and that we are required to retain our records as proof of the care that we provided you.

F. **YOUR RIGHTS REGARDING YOUR PHI:** The health and billing records we maintain are the physical property of Integritas, LLC dba Direct Care Clinic of Northwest Arkansas. The information in it, however, belongs to you.

You have a right to:

1. **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 work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer or your physician, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. **Request Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI 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. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the Privacy Officer or your physician. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

3. **Inspect and Obtain Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and

billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer at Direct Care Clinic of Northwest Arkansas, 2104 S. 54th St, Suite 4, Rogers, AR 72758, in order to inspect and/or obtain a copy of your PHI. Your request should specifically state what medical information you want to inspect or copy. We will ordinarily act on your request within five (5) days of our receipt of your request. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

4. Request an 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. To request an amendment, your request must be made in writing and submitted to the Privacy Officer or your physician at Direct Care Clinic of Northwest Arkansas 2104 S. 54th St, Ste 4, Rogers, AR 72758. We will ordinarily act on our amendment request within thirty (30) days after our receipt of your request. You must provide us with a reason that supports your request for amendment. If we grant the request, we will inform you of such acceptance and will make the appropriate amendment to you PHI, and we will request that you identify and agree that we may notify all relevant persons with whom the amendment should be shared. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IHI kept by or for the practice; (c) not part of the IHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created is not available to amend the information.

5. Request an Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain nonroutine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer at Direct Care Clinic of Northwest Arkansas, 2104 S. 54th St, Suite 4 Rogers, AR 72758... All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. We will ordinarily act on your accounting request within sixty (60) days of your request. We are permitted to extend our response time for a period of up to thirty (30) days if we notify you of the extension. We may temporarily suspend your right to receive an accounting of disclosures of your health information, if required to do so by law.

6. Receive Breach Notification: You have a right to receive written notification when a breach (as defined by HIPAA) of your PHI has occurred. You will receive notification no later than sixty (60) days after the breach has been discovered.

7. Receive 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. To obtain a paper copy of this notice, contact the Privacy Officer.

8. 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. To file a complaint with our practice, contact: Direct Care Clinic of Northwest Arkansas 2104 S. 54th St, Suite 4, Rogers, AR 72758. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

9. 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. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care. Again, if you have questions regarding this notice or our health information privacy policies, please contact the Privacy Officer listed above.