

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 READ IT CAREFULLY.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. This medical information is used by Emerald Waters Primary Care (EWPC) in many ways while performing normal business activities. Your protected health information may be used or disclosed by EWPC for purposes of treatment, payment, and health care operations. Health care professionals use medical information in the clinics or hospitals to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. EWPC may use or disclose your health information for case management and services. EWPC may send the medical information to insurance companies, or community agencies to pay for the services provided to you. Your information may be used by certain personnel to improve the health care operations. EWPC will also send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons. Investigations related to a missing child.
- Internal investigations and audits by EWPC. Investigations and audits by the state's Inspector General and Auditor General, and the legislature's Office of Program Policy Analysis and Government Accountability.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals. District medical examiner investigations.
- Research approved by EWPC, court orders, warrants, or subpoenas.
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Other uses and disclosures of your protected health information by EWPC will require your written authorization. These uses and disclosures may be for research purposes.

This authorization will have an expiration date that can be revoked by you in writing.

INDIVIDUAL RIGHTS

You have the right to request EWPC to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. EWPC is not required to agree to any restriction.

You have the right to be assured that your information will be kept confidential. EWPC will contact you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

You have the right to inspect and receive a copy of your protected health information that is maintained by EWPC within 30 days of the receipt of your request to obtain a copy of your protected health information. You must complete the Authorization to Release Medical Records form and submit the request to the office. If there are delays in getting you the information, you will be told the reason for the delay and the anticipated date when you will receive your information. Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law.

If you choose to receive a copy of your protected health information, you have the right to receive the information in the form or format you request. If EWPC cannot produce it in that form or format, it will give you the information in a readable hard copy form or another form or format that you and EWPC agree to.

EWPC cannot give you access to psychotherapy notes or certain information being used in a legal proceeding. Records are maintained for specified periods of time in accordance with the law. If your request covers information beyond that time EWPC is required to keep the record, the information may no longer be available.

If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by EWPC.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. EWPC may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the EWPC.
- Is not protected health information.

- Is by law not available for your inspection.
- Is accurate and complete.

If your correction is accepted, EWPC will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. EWPC may respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures EWPC may have made of your protected health information. This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures to health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.

This summary does include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6-year period from the date of your request.

Appointment reminders: We may mail, email, or call you with health care appointment reminders.

Sign-in-sheets: We may use sign-in sheets in our offices and call your name when pulling you back for treatment.

Satisfaction Surveys: We may use your information to contact you requesting feedback on the services provided to you by EWPC. Your answers will help us provide better care to our patients and community we serve.

If you receive this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

EMERALD WATERS PRIMARY CARE DUTIES

EWPC is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how EWPC keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. EWPC has the responsibility to notify you following a breach of your protected health information.

As part of the EWPC's legal duties this Notice of Privacy Practices must be given to you. We are required to follow the terms of the Notice of Privacy Practices currently in effect.

EWPC may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy practices will be posted on the company website at <http://www.emeraldwatersprimarycare.com> and will be available at the office.

COMPLAINTS

If you believe your privacy and health rights have been violated, you may file a complaint with our practice administrator. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. You may mail it to the address below or you may give the complaint to the office in person. You may also send the complaint to the Department of Health and Human Services. EWPC will not retaliate against you for filing a complaint. For questions or concerns, you may contact the practice administrator at 850.898.0149.

FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice or to the practice administrator.

EFFECTIVE DATE

This Notice of Privacy Practices is effective beginning July 29, 2024 and shall be in effect until a new Notice of Privacy Practices is approved and posted.