

## NOTICE OF PRIVACY PRACTICES FOR RIGGS COMMUNITY HEALTH CENTER

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.

### If you have any questions about this Notice, please contact:

Privacy Officer,  
Riggs Community Health Center  
1716 Hartford Street  
Lafayette, IN 47904  
765.742.1567

### WHO MUST COMPLY WITH THIS NOTICE

Riggs Community Health Center is required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices. This Notice describes how the Clinic may use and disclose your protected health and medical information. Health information is information about you that is received, used or disclosed by the Center concerning your physical or mental health or health care services provided to you or health insurance benefits and payments. Protected health information may contain information that identifies you, including your name, address, and other identifying information.

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Certain medical information is subject to special legal protections. Mental health information, substance abuse treatment records, and information relating to communicable diseases are examples, and we will generally only release such records or information with your written authorization or with an appropriate court order. Except where there are special legal protections, we may use and disclose your health information without your authorization for the following purposes:

**For treatment.** The Center may use and disclose your health information to provide treatment and health care services to you. For example, we may provide your health information to a laboratory in order to obtain a test result important for diagnosing or treating a condition you may have.

**To obtain payment for health care services.** We may use and disclose your health information in order to bill and collect payment for the treatment and services provided to you. For example, we may provide limited portions of your health information to your health insurance company or to Medicaid to get paid for the health care services we provide to you. We may also provide your health information to our business associates who assist us with billing such as billing companies, claims processing companies, and others that process our health care claims. We will only disclose the minimum amount of information needed to obtain payment.

**For health care operations.** Your health information may also be used or disclosed to improve and conduct health care operations. For example, we may use your health information in order to evaluate the quality of health care services that you received or to evaluate the performance of the doctors and nurses who provided health care services to you. We may also provide your health information to our auditors, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We may also use a sign-in sheet at registration or other appropriate areas, and we may call you by name in waiting and service areas.

**Disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

**Public health activities.** For example, we report information about various diseases, to government officials in charge of collecting that

information, and we may provide coroners with necessary information relating to an individual's death.

**Health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

**Research purposes.** In certain limited circumstances, we may provide health information in order to conduct medical research. Use of This information for research is subject to either a special approval process or removal of information that may directly identify you. In most instances, we will ask for your written authorization prior to using or disclosing health information for research purposes.

**Avoiding a serious threat of harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide health information to police officers or others able to prevent or lessen such harm.

**Certain government functions.** We may disclose health information of military personnel and veterans in certain situations, as well as for national security purposes or when required to assist with governmental intelligence operations.

**Workers' compensation.** We disclose health information in order to comply with workers' compensation laws.

**Disclosures to family, friends, or others.** In limited cases, we provide health information to family members, or friends who are directly involved in your care or the payment for your health care, unless you tell us not to. For example, we may tell a family member who asks for you by name where you are in our facility. We may also contact a family member if you have a serious injury or in other emergency circumstances. We may discuss medical information in the presence of a family member or friend if you are also present and indicate that it is okay to do so.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to

provide legally required notices of unauthorized access to or disclosure of your health information.

**All other uses and disclosures require your prior written authorization.** In all other cases, we will ask for your written authorization before using or disclosing any of your health information. If you choose to sign an authorization to disclose your health information, you can later revoke that authorization in writing to stop any future uses and disclosures to the extent that we have not taken any action relying on the authorization.

### RIGHTS YOU HAVE REGARDING YOUR HEALTHCARE INFORMATION

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to the Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. You may not limit the uses and disclosures that we are legally required to make.

**If you paid out-of-pocket** (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health information, with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

**The Right to See and Get Copies of Your Health Information.** In most cases, you have the right to look at or get copies of your health information that we have, but you must make the request in writing. If we do not have your health information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review. If you request copies of your health information, we will charge you a reasonable fee as permitted by Indiana law.

**The Right to Get a List of Certain Disclosures We Have Made.** You have the right to request a list of instances in which we have disclosed your health information. The list will not include uses or disclosures made for treatment, payment, and health care operations, or information given to your family or friends with your permission or in your presence. It will also not include disclosures made directly to you or when you have given us a written authorization for the release of your health

information. The list will also not include information released for national security purposes or given to correctional institutions. To obtain this list, you must make a request in writing to the Privacy Officer identified above. The list we will give you will include disclosures made in the last six years unless you request a shorter time, but will not include any disclosure that occurred before April 14, 2003. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee for each additional request.

**The Right to Amend or Update Your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that we amend the existing information. You must provide the request and your reason for the request in writing to the Privacy Officer identified above. We may deny your request in writing if the health information is:

- Correct and complete
- Not created by us
- Not allowed to be disclosed
- Not part of our records

Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your health information. If we approve your request, we will make the change to your health information, tell you that we have done it, and tell others that need to know about the change to your health information.

**The Right to Get This Notice by E-Mail.** You have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive Notice via e-mail, you also have the right to request a paper copy of this notice.

## CHANGES TO THIS NOTICE

Riggs Community Health Center is required to abide by the terms of this Notice of Privacy Practices. However, we may change our notice at any time. The new notice will be effective for all protected health information maintained by the Center. A revised Notice of Privacy Practices will be posted at the main entrance to our facility and may also be requested from the Privacy Officer listed above.

## HOW TO COMPLAIN IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your health information, you may file a complaint with our Privacy Officer at the address shown on the front page. You may also send a written complaint to the Secretary of the Department of Health and Human Services. Further information about how to file a complaint is available from the Privacy Officer. We will not punish you or retaliate against you if you file a complaint about our privacy practices.

## EFFECTIVE DATE OF THIS NOTICE

This notice applies to uses and disclosures of your health information beginning on September 23, 2013.

Reviewed 09/2013

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Health Center**

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Lafayette, Indiana 47904 765.742.1567  
[www.riggshealth.com](http://www.riggshealth.com)



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