



NOTICE OF PRIVACY PRACTICE

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.

CONFIDENTIALITY OF HEALTH INFORMATION

This Notice of Privacy Practice describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment of health care operations, and for the purposes required by law. Any information concerning a patient's condition, treatment, personal affairs, or records, whether hard copy, computerized or stored in other media, shall be kept confidential. Such information may be released only through or with the approval of an individual or when compelled to do so pursuant to legal process or when applicable by law.

DISCLOSURE OF HEALTH INFORMATION

HealthWorks (HW) is committed to providing only the best possible health care to our patients. It will be necessary to use or disclose your protected health information (PHI) to various entities to provide you with the highest quality of care available. Disclosures will be made to providers, staff, and other entities for the purpose of treatment, payment, and health care operations.

OTHER DISCLOSURES

Any uses of PHI, other than that of the Disclosure of Health information listed will require HW to obtain written or oral authorization from an individual or his/her representative. In accordance to regulation 164.508(b)(5), an individual or their legal representative has the right to revoke this authorization at any time; the revocation of the authorization must be done in writing except to the extent that:

- The clinic has taken action thereon; or
- If the authorization was obtained as a condition of obtaining insurance coverage.

PATIENT RIGHTS

Patients of HW have the right to request restriction to uses and disclosures of protected health information, which include:

- Uses or disclosures of PHI about the individual to carry out treatment, payment, and health care operations.
- Uses or disclosures of PHI to family members, other relatives, or close friends of the individual, or any other individuals identified by an individual.
- HW is not required to agree to the request to restrict protected health information per regulation 164.522(ii). We will however make every reasonable effort to accommodate our patients wishes based upon our professional experience.
- An individual may request restrictions on the use and disclosure of his/her PHI by:
 - Notifying the staff at HW in writing of your wish to limit disclosure of your PHI. An individual has the right to request and receive communications concerning PHI from the provider by reasonable alternative means (fax, mail, electronic) or alternate locations (hospitals, physician's office, legal office). An individual must submit the request for confidential disclosure in writing and specify the means of alternative contact or location. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with the respect to protected health information. If you believe your rights have been violated then you may file a complaint with the U.S. Dept. of Health and Human Services (200 Independence Ave., SW Room 509F, HHH Building, Washington, DC 20201). If you have any objections to this form, please ask to speak with our privacy officer at our main phone number (307) 635-3618.