

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Notice of Privacy Practices of Refuah Health Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*For Refuah Health Center Use Only*

## 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.

Refuah Health Center has adopted the following policies and procedures for protection of the privacy of the people we serve.

### Our Obligation to You

We at Refuah Health Center respect your privacy. This is part of our code of ethics. We are required by law to maintain the privacy of “Protected Health Information” (“PHI”) about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. “Protected Health Information” means any information, whether written, electronic, or oral, including demographic data, that relates to:

- Your past, present or future physical or mental health or condition;
  - The provision of health care to you; or
  - The past, present, or future payment for the provision of health care services to you;
- And that identifies you or for which there is a reasonable basis to believe it can be used to identify you.

### Use and Disclosure of Information about You

Refuah Health Center may use and disclose your PHI, without your authorization, for purposes of treatment, payment and health care operations.

We will use your protected health information and disclose it to others as necessary to provide treatment to you. Here are some examples:

- Various members of our staff may see your clinical record in the course of our care for you. This includes physicians, nurses, medical assistants and other providers.
- It may be necessary to send blood or tissue samples to a laboratory for analysis to help us evaluate your medical condition.
- We may provide information to your health plan in order to arrange for a referral or clinical consultation.
- We will contact you to remind you of appointments, treatment alternatives, and other health related benefits and services.
- We may contact you to tell you about treatment services that we offer that might be of benefit to you.

We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health insurance plan. Your health plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers service to you, such as a clinical laboratory, may need information about you in order to arrange for payment for its services.

It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health plan may wish to review your records to be sure that we meet national standards for quality of care.

Other Uses and Disclosures that do not require your authorization:

Emergencies. We may disclose your PHI in emergency situations or to avert serious health and safety situations.

Disclosure to your family and friends. If you are an adult, and in the case of certain minors, you have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you don't object, we will share information with family members or friends involved in your care as needed to enable them to help you. Here are some examples:

- We may discuss your treatment in front of your friend or family member if you have asked your friend or family to come into the treatment room with you;
- We may discuss your bill with your adult child who is with you at your appointment and has questions about the charges;

BUT,

- We will not discuss your condition or treatment with a friend or family member if you have stated that you do not want us to,

Legally Required. We will disclose your PHI when we are legally required to do so by any federal, state or local law including in judicial settings and to health oversight regulatory agencies and law enforcement.

Research. We may use or disclose your PHI for research when the use or disclosure for research has been approved by an Institutional Review Board or privacy board.

Specified Government Functions. In certain circumstances, federal regulations authorize us to use or disclose your PHI to facilitate specified government functions relating to military and veterans affairs, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions and law enforcement custodial situations.

Workers Compensation. We may release your PHI to comply with workers compensation laws or similar programs.

Fundraising. We may also use or disclose your PHI to contact you about fundraising for ourselves. If you do not wish to be contacted about fundraising, please contact our Contact Person.

Reminders. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. If you do not wish to be contacted about any of these, please contact our Contact Person.

Uses or Disclosures that do require your authorization:

We are required to obtain your written authorization prior to the use or disclosure of psychotherapy notes unless otherwise allowable by law.

We are required to obtain your written authorization prior to the use or disclosure of any substance abuse/ disorder records- or testimony related to them – in any civil, administrative, criminal or legislative proceeding against the patient without their explicit consent or court order, and the patient’s right to challenge disclosure pursuant to a court order.

We are required to obtain your written authorization prior to the use or disclosure of your PHI for marketing or sale purposes, or for any other purposes not referenced within this Notice of Privacy Practices.

You may revoke any prior written authorization you have provided to us, except to the extent such authorization has been acted upon. A single consent is sufficient for all treatment, payment and health care operations.

If you consent to opt-in to receive text messages, you will be provided with instructions on how to opt-out. Message frequency may vary, and message and data rates may apply. Information included in text messages may include your first name, date, time of appointment, name of physician, physician phone number, or other pertinent information. No mobile opt-in or text message consent will be shared with third parties or affiliates for marketing purposes.

## Your Legal Rights

You have the following rights regarding your PHI:

Right to request confidential communications. You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your protected health information for particular purposes, such as treatment, payment or health care operations, or our disclosure of that information to certain third parties, such as family members or friends who may be involved in your care. You have a right to restrict certain disclosures of PHI to a health plan if you are paying out-of-pocket for the healthcare item or service. We are not obligated to agree to a requested restriction, but we will consider your request.

Right to revoke a Consent or Authorization. You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.

Right to review and copy record. You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A designated record set usually contains medical and billing records but not psychotherapy notes, or information compiled for use in a civil, criminal or administrative action or proceeding, and PHI for which access of otherwise prohibited by law.

We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have a right to request a review of this decision.

To inspect and copy your PHI, you must submit a written request to the Medical Records Department. We may charge you a fee to cover copying, mailing or other costs incurred by us in complying with your request.

Right to amend record. You have a right to request an amendment of your PHI in a designated record set for as long as we maintain it. If there is a mistake, a note will be entered in the record to correct the error. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal and provide you with a copy. Requests for amendment must be in writing and directed to the Medical Records Department. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

Right to an accounting. You have the right to an accounting of certain disclosures of your PHI to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations, or disclosures we are permitted to make without your authorization. The request for an accounting of disclosures must be made in writing to the Medical Records Department. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that took place six years prior to the date on which the accounting is requested, unless otherwise required by law.

Right to a paper or electronic copy of this Notice. You have the right to a paper or electronic copy of our Notice of Privacy Practices, even if you have already received a copy of the Notice or have agreed to accept this Notice electronically or on paper. We reserve the right to change the terms of this Notice and to apply any new terms to all PHI which we maintain. We will ensure that you receive a revised Notice of Privacy Practices if we make such changes.

Right to Communication. You have the right to request that we communicate with you in certain ways, and we will accommodate reasonable requests.

Right to Notification. You have the right to receive notifications of breaches of your PHI.

Right to Language Assistance. You have the right to language assistance services and appropriate auxiliary aids and services free of charge, when necessary to comply with Section 1557 of the Affordable Care Act.

## How to Exercise Your Rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Contact Person.

Our Contact Person is the Director of Health Information Management. The Contact Person can be reached at 1-845-354-9300 extension 1510.

## Complaints

If you have any complaints or concerns about our privacy policies or practices, please submit a Complaint to our Contact Person. If you wish, the Contact Person will give you a form that you can use to submit a Complaint if you wish.

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

Office for Civil Rights  
U.S. Department of Health and Human Services 200  
Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
OCR Hotlines-Voice: 1-800-368-1019

We will never retaliate against you for filing a complaint.

Effective Date

This Notice is effective January, 2016.