

## PURPOSE:

OnSite Care Clinics and its affiliates, its professional staff, employees and all other affiliate entities (referred to collectively, as Facility) follow the privacy practices described in this Notice. The Clinic maintains your medical information in records that will be maintained in a confidential manner, as required by law. However, the Clinic must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, the Clinic may share your medical information as necessary for treatment, payment, and healthcare.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Compliance Officer or with the United States Department of Health and Human

You will not be penalized or retaliated against for making a complaint to the Clinic or Health and Human Services

## WHAT ARE TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS?

Treatment includes sharing information among health care providers involved with your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists, or other consultants in order to make a diagnosis. The Clinic may use your medical information as required by your insurer or HMO to obtain payment for your treatment and Clinic visit. We also may use and disclose your medical information to improve the quality of care (e.g. for review and training purposes).

## REQUIREMENTS REGARDING THIS NOTICE:

The Clinic is required by law to provide you with this notice. We will be governed by this notice for as long as it is in effect. The facility may change this notice and these changes will be effective for medical information we have about you as well as any other information we receive in the future. Each time you register at the Clinic for health care services, you may receive a copy of the notice in effect at the time.

OnSite is required by law to:

- \* Maintain the privacy and security of your health information;
- \* Notify you promptly if a breach occurs that may have compromised the privacy or security of your health information.
- \* Follow the terms and provide you a copy of the Notice Currently in effect

## CONTACT ONSITE CARE'S COMPLIANCE AND PRIVACY OFFICER

ONSITE CARE CLINICS  
ATTN: COMPLIANCE AND PRIVACY OFFICER  
560 S 300 E, SUITE 275  
SALT LAKE CITY, UT 84111  
(P) 801-441-1002  
(F) 801-441-1005

IF:

You have a complaint.  
You have any questions about this notice.  
You wish to obtain a form to exercise your individual rights described in this notice.



# Joint Notice of Privacy Practices

**PLEASE REVIEW CAREFULLY**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.



Reviewed/Revised Date	By:	Description of Change or Location of Change.
6/01/2015	Kristi Cooper	
11/19/2015	Kristi Cooper	Updated address and logo

## HOW WILL THE CLINIC USE MY MEDICAL INFORMATION?

Your medical information may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- \* Hospital Directory (which may include your name, general condition, and your location in the hospital).
- \* Religious affiliation to a hospital chaplain or member of the clergy
- \* Family members or close friend involved in your care or payment for your treatment.
- \* A governmental disaster relief agency if you are involved in a disaster relief effort.
- \* Appointment reminders.
- \* To inform you of treatment alternatives or benefits or services related to your health.
- \* Used (or disclosed to a business associate) for fundraising activities, but such information limited to your name, address, phone number, and the dates you received services at the Clinic.
- \* As required by law.
- \* Public health activities, including disease prevention, injury or disability, reporting births and deaths, reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls, infections disease control; notifying government authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law).
- \* Health oversight activities (e.g. audits, inspections, investigations, and licensure activities).
- \* Lawsuits and disputes (e.g. as required by a court or administrative order, or in response to a subpoena or other legal process).
- \* Law enforcement (e.g. in response to legal process or as required or allowed by law).

- \* To military authorities if you are a member of the armed forces.
- \* To prevent serious threat to health or safety.
- \* National security and intelligence activities.
- \* Coroners, medical examiners, and funeral directors.
- \* Organ and tissue donation organizations.
- \* Certain research projects as approved by an institutional Review Board.
- \* Workers Compensation (in compliance with applicable laws).
- \* Protection of the president or other authorized persons or foreign heads of state, or to conduct special investigations
- \* Inmates (medical information about inmates of correctional institutions may be released to healthcare providers or the
- \* Alcohol and drug abuse information has special privacy protections. The Clinic will not disclose any information identifying an individual as being a patient or provide and medical information relating to the patient's substance abuse treatment unless (i) the patient consents in writing; (ii) a court requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personal use the information for the purpose of conducting scientific research, management audits, financial audits, or program

## YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.

Except as described above, we will not disclose your medical information unless you authorize (permit) the Clinic in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation. HIPAA protection expires 50 years after your death, and in some cases may be disclosed to family members after your death if medically relevant to

## YOU HAVE RIGHTS REGARDING YOUR MEDICAL INFORMATION.

You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by the Clinic:

- \* Right to request restriction. You may request limitation on your medical information we use or disclose for health care treatment, payment, or operations (e.g. you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- \* Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- \* Right to inspect and copy. You have the right to look at and obtain a copy of your medical records, billing records, and other record used to make decisions about your health care. We may charge you a fee for our costs to copy the information. Under limited circumstances, your request may be denied and you may request review of the denial by another licensed health care professional chosen by the Clinic. The Clinic will comply with the outcome of the review. You may be charged for labor and material costs in obtaining copies of your PHI.
- \* Right to request amendment. If you believe the medical information we have about you is incorrect or incomplete, you will have the right to request that our records be amended. The Clinic may deny your request for amendment. If denied, you will receive an explanation for the decision and information explaining your options.
- \* Right to accounting of disclosures. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom the Clinic has disclosed your medical information without your written authorization. The accounting would not include disclosers for treatment, payment, health care operations, and certain other disclosers exempt by law. The Clinic will not list disclosures made before April 14, 2003, or those made earlier than 6 years before your request. The first listing within any 12-month period.
- \* Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of our Notice at our website, <http://www.onsitecareclinics.com>.
- \* Receive notification if there us a breach of your health information. We will notify you in writing about a breach and provide detailed information and instructions

