

NOTICE OF PRIVACY PRACTICES

YOU HAVE THE RIGHT TO:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Request an accounting of disclosures, as described on page #
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ See page 2 for more information on these rights and how to exercise them

YOU HAVE CHOICES IN THE WAY THAT WE USE AND SHARE INFORMATION AS WE:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and use your information
- Raise funds

➤ See page 3 for more information on these choices and how to exercise them.

WE MAY USE AND SHARE YOUR INFORMATION AS WE:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Conduct research
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Comply with the law

➤ See pages 3 and 4 for more information on these uses and disclosures

Fourth Street Clinic | HIPPA and Privacy Officer
409 West 400 South | Salt Lake City, Utah 84102 | 801-364-0058

EMAIL: INFO@FOURTHSTREETCLINIC.ORG

IT IS YOUR HEALTH INFORMATION, YOU HAVE RIGHTS

Some requests are required to be made in writing. In these circumstances you may access the applicable form at www.fourthstreetclinic.org

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none">• You may submit a form requesting to view or receive a copy of your medical record and/or other health information we have about you• Under limited circumstances, we may deny access to a portion of your health information and you may request a review of the denial.• We will provide a copy or a summary of your health information, usually within 30 days of your request.
As us to correct your medical record	<ul style="list-style-type: none">• You may submit a form requesting to correct health information about you that you think is incorrect or incomplete• We may say “no” to your request, but we’ll tell you why in writing within 60 days
Request confidential communications	<ul style="list-style-type: none">• You may request that we contact you in a specific way (for example, cell phone or email) or send mail to a different address.• We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You may submit a form to request that we not use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.• You may ask us not to share information with your health insurer for the purpose of payment or operations. We will say “yes” unless a law requires us to share the information. A fee may be assess for the services received and will be in accordance with the organization’s Sliding Fee Discount Program.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• You may request an accounting of disclosures. This is a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.• This list will not include disclosures made for the purpose of treatment, payment, and health care operations, or certain other disclosures (such as any you asked us to make).
Get a copy of this privacy notice	<ul style="list-style-type: none">• You may ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure that person has this authority and can act for you before we take any action. Documentation may be required.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting use using the information on page 1 of this notice.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, 509F HHH Building, S.W. Washington, D.C. 20201

- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and will follow your instructions.

In these cases, you have both the right and choice to tell us your preferences regarding how we:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- If you are not able to tell us your preference, for example you are unconscious, we may share information if we believe it is in your best interest.
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you have given us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: Share health information with your other members of our staff that are part of your care team, a referring provider, or with a Health Information Exchange.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: Share with a third party who assists us with treatment, payment, operations and administrative functions such as by providing computer services. These business associates are required to protect your information too.

Bill for your services

- We can use and share your health information to determine insurance eligibility, or to bill and receive payment.

Example: We may share your information to Utah state databases to determine whether you are eligible for Utah Medicaid or Children's Health Insurance Program.

YOUR CHOICES

How else can we use or share your health information? We are allowed or required to share your health information in other ways – usually ways that contribute to public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues	We can share health information about you for certain situations such as: <ul style="list-style-type: none">• Preventing disease• Helping with product recalls• Reporting adverse reactions to medications• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to anyone's health or safety
Participating in Health Information Exchanges (HIE)	<ul style="list-style-type: none">• An HIE provides a way for authorized healthcare professionals to securely access and share patient medical information. Only authorized healthcare professionals who have a relationship with you are permitted access to your medical information available in a shared electronic medical record or health information exchange.
Conduct research	<ul style="list-style-type: none">• We can use or share your information for health research. Our research projects must meet high standards for quality and follow strict privacy and data management requirements.
Comply with the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Human Services if it wants to see that we are complying with federal privacy law.
Work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director when an individual passes away.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: <ul style="list-style-type: none">• For workers compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will notify you in writing if possible and provide detailed information and instructions.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us you can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request at clinics and on our website. You may also request a copy of the notice during registration.

Organized Health Care Arrangement (OHCA)

Wasatch Homeless Healthcare, dba Fourth Street Clinic currently participates in an organized health care arrangement (OHCA) with other health care providers in the community, including the University of Utah. A list of participants in the OHCA can be found at www.privacy.utah.edu. We do this to support our provision of health care services to underserved patient populations. These OHCA participants share access to the University's electronic medical record system and may, under certain circumstances, access your medical and billing information for treatment or health care operations purposes to improve, manage, and coordinate your care without seeking your advance authorization, but only to the extent permitted by law.