Fairfax Medical Facilities, Inc.
212 N. Main Street, Fairfax, OK 74637

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please read carefully.

Fairfax Medical Facilities, Inc. creates records of the care and services you receive. Your medical records and billing information are systematically created and retained on a variety of media which may include computers, paper, and films. This information is accessible to clinic personnel and members of the medical staff. Proper safeguards are in place to discourage improper use or access. We are required by law to protect your privacy and the confidentiality of your personal and protected health information and records. This notice describes your rights and our legal duties regarding your personal health information "**PHI**". The providers covered by this notice include this clinic, and all persons who render services at the clinic in a medical or administrative capacity.

Fairfax Medical Facilities, Inc. may use and disclose your **PHI** without your authorization for the following:

1. **Treatment:** We may use **PHI** about you to provide you with medical treatment or services. We may disclose **PHI** about you to doctors, nurses, technicians, medical students, or other clinic personnel who are involved with your care at the clinic. For example, a doctor treating you for a broken leg may need to know if you are a diabetic, because diabetes slows the healing process.
2. **Payment:** We may use **PHI** about you so that the treatment and services you receive at the clinic may be billed to and payment be collected from you, insurance companies, or third parties. For example, we may need to give your health plan information about lab work received at the clinic so your health plan will pay us for these services.
3. **Health Care Operations:** We may use and disclose **PHI** about you for clinic operations. These uses and disclosures are necessary to run the clinic and make sure our patients receive quality care. For example, we may use **PHI** about your high blood pressure to review our treatment and services, to evaluate the performance of our staff caring for you, and to train health professionals.
4. **Health Information Exchange/Regional Health Information Organization:** In a health information exchange (HIE), an organization in which providers exchange patient information to facilitate healthcare, healthcare operations, and avoid duplication of services (such as tests) and reduce the likelihood of medical errors. By participating in an HIE, FMFI may share your health information with other providers who participate in the HIE or participants of other HIEs. If you do not want your medical information in the HIE, you may choose not to participate by completing an "Opt Out" form available from our front desk receptionist.
5. **Business Associates:** We may disclose your **PHI** to Business Associates independent of the clinic with whom we contract to provide services on our behalf. However, we will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your **PHI**. For example, we may contract with a company outside to provide collection services for past due amounts.
5. **Health Related Benefits and Services:** Provided we do not receive any payment for making these communications, we may use and disclose your health information to tell you about health-related products, benefits or services related to your treatment, case management, care coordination or to direct or recommend possible treatment options, therapies, alternatives or care settings that may be of interest to you.
6. **Marketing:** We must obtain your authorization for any use or disclosure of health information for marketing. The following are activities are not considered marketing, and we may conduct them without authorization: (i) a face-to-face communication made by FMFI to a patient; (ii) a promotional gift of nominal value; (iii) refill reminders as long as any payment received is limited to the cost of making the communication; (iv) case management; (v) care coordination; (vi) communications that merely promote health in general; and (vii) communications to you concerning health-related products, benefits or services related to your treatment or alternative treatments, therapies, providers or care settings.

7. **Clinic Registration:** We may disclose certain limited information about you from the registration desk at the time of your appointment. This information may include your name, clinic location and your general condition. This information will only be released to people who ask for you by name.
8. **Individuals Involved in Your Care or Payment for Your Care:** We may release **PHI** to a friend or family member who is involved in your medical care. We may also give **PHI** to someone who helps pay for your care. We may also disclose **PHI** about you to an entity assisting in disaster relief so that your family may be notified about your condition, status, and location.
9. **Research:** Under certain circumstances, we may use and disclose your health information to researchers whose clinical studies have been approved by an Institutional Review Board ("IRB"). While most clinical research studies require consent and authorizations, there are some limited instances where health information may be used or disclosed pursuant to IRB waiver or as required or permitted by law. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received a different medication for the same condition. Your health information may be disclosed to researchers preparing to conduct a research project. For example, to help them look for patients with specific medical needs.
10. **As Required by Law:** We will disclose **PHI** about you when required to do so by federal, state, or local law. For example, Oklahoma law requires us to report all births and deaths that occur in the clinic to the Oklahoma Department of Health.
11. **To Avert a Serious Health Threat or Injury:** We may use and disclose **PHI** about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
12. **Organs and Tissues Donations:** If you are an organ donor, we may release **PHI** to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
13. **Military:** If you are member of the armed forces, we may release **PHI** about you as required by military command authorities. We may also release **PHI** about foreign military personnel to the appropriate foreign military authority.
14. **Workers' Compensation:** We may release **PHI** about you for worker's compensation or similar programs as authorized by state law. These programs provide benefits for work-related injuries or illnesses.
15. **Public Health Reporting:** We may disclose **PHI** about you for public health activities. For example:
    - Prevent or control disease, injury, or disability
    - Report birth defects or infant eye infections
    - Report cancer diagnoses and tumors
    - Report child abuse and neglect or a child born with alcohol or other substances in their system
    - Report reactions to medications or problems with products
    - Notify people of recalls of products they may be using
    - Notify the Oklahoma Department of Health that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases
    - Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, if you agree or when required by law
16. **Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and accreditation.
17. **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose **PHI** about you in response to a court or administrative order. We may also disclose **PHI** about you in a response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested.
18. **Law Enforcement:** We may release **PHI** if asked to do so by a law enforcement official:
    - In response to a court order, subpoena, warrant, summons, or similar process
    - To identify or locate a suspect, fugitive, material witness, or missing person
    - About the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement

- About a death we believe may be the result of criminal conduct
- About criminal conduct at the clinic
- In emergency circumstances to report a crime, the location of the crime or victims; or the identity description or location of the person who committed a crime

19. **Coroners, Medical Examiners, and Funeral Directors:** We may release **PHI** to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release **PHI** about patients of the clinic to funeral directors, as necessary to carry out their duties.
20. **National Security and Intelligence Activities:** We may release **PHI** about you to authorize federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.
21. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release **PHI** about you to the correctional institution or law enforcement official. This release would be necessary (1) for the correctional institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
22. **Data Branch Notification Purposes**: We may disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information
23. **Fundraising**: We may use some health information to contact you about fundraising programs. If you have made a donation to FMFI previously, you may receive mailings related to specific areas or programs. We may disclose this information to a business associate or an institutionally related foundation to assist us in fundraising efforts. Each fundraising communication will include a clear and conspicuous statement allowing you the opportunity to elect not to receive any further fundraising communications. We will not send any further fundraising communications to you if you elect not to receive them. We will not condition treatment or payment on your choice with respect to the receipt of fundraising communications.
24. **Certain Sensitive Information**: Federal and state laws provide special protections for, and may restrict the use or disclosure of, certain kinds of **PHI**. For example, additional protections may apply in some states to genetic, mental health, biometric, minors, prescriptions, reproductive health, drug and alcohol abuse, rape and sexual assault, sexually transmitted disease and/or HIV/AIDS-related information. In these situations, we will comply with the more stringent applicable laws pertaining to such use or disclosure.
25. **Reproductive**: Importantly, health information relating to reproductive healthcare is now subject to enhanced federal law protections. It is prohibited for your reproductive healthcare information to be shared in order to investigate or impose liability for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care. If we receive a request for health information potentially related to reproductive health care, such as from a health oversight entity, we are required to obtain a signed attestation that the use or disclosure is not requested for the purpose of investigating or imposing liability for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.

Your Rights Regarding Protected Health Information about You

You have the following rights regarding health information we maintain about you:

1. **Right to Inspect and Copy**: You have the right to inspect and request a copy of your health information in the "designated record set", except as prohibited by law. The "designated record set" is the medical records used to make decisions about your care and the billing records. You also have the right to authorize third parties to obtain your health information. To inspect, by appointment, and/or request a copy of your health information in the designated record set, you must submit your request in writing and if directing records to be sent to a third party, we request you use the Approved Authorization Form which can be located on FMFI's website or obtained from FMFI office and medical personnel. If you request a copy of the information, we may charge a reasonable, cost-based fee. We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain health information**,** you may request that the denial be reviewed. Another licensed health care professional chosen by the clinic will review your request and the denial. The person conducting the review will not bet the person who denied your request. We will comply with the outcome of the review. You have the right to revoke in writing an Authorization, but prior disclosures will not be affected. Submit the revocation to FMFI's medical records department.

2. **Right to Amend:** If you feel the **PHI,** we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment as long as the information is kept by or for the clinic. To request the amendment, your request must be made in writing and state the reason for the request. We may deny your request for any amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
    - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
    - Is not part of the **PHI** kept by or for the clinic
    - Is not part of the information which you would be permitted to inspect or copy
    - Is accurate and complete
3. **Right to an Accounting Disclosure:** You have the right to request one free accounting disclosure every 12 months of the disclosure we made of **PHI** about you. To request this list, you must submit your request in writing. Your request must state a period which may not be longer than six years and may not include a date prior to April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
4. **Right to Request Restrictions:** You have the right to request a restriction or limitation on your **PHI** we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the **PHI** we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a test that was performed We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. **To request restrictions**, you must make your request in writing. We will assist you or provide a form for this purpose upon request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosures, or both; and (3) to whom you want the limitation to apply.
5. **Right to Communication by Alternative Means:** 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 may ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
6. **Right to information Concerning Disclosure:** If we become aware that your health information may have been compromised, we will investigate the matter, and if we determine that a material compromise of your health information has occurred, we will mitigate the harm, employ sanctions to those responsible and/or amend a process, and notify you in writing of the matter, what we have done in response to this issue and what you may do to protect yourself.
7. **Right to Paper Copy of the Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. **To obtain a paper copy of this notice, please ask one of our staff members or write to:**

    Privacy Officer
    Fairfax Medical Facilities, Inc.
    212 N. Main Street
    Fairfax, OK 74637
    918-642-3100

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will provide a copy of the current Notice in the clinic. The Notice will contain on the first page, near the top, the effective date. In addition, each time you register at the clinic for treatment or health care services we will make available to you a copy of the current notice in effect.

Authorization for Other Uses of Protected Health

Other users and disclosures of **PHI** not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose **PHI** about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose **PHI** about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with the clinic or with the Secretary of the department of Health and Human Services.

To file a complaint with the clinic, please write to:

Director of Nursing
Fairfax Medical Facilities, Inc.
212 N. Main Street
Fairfax, OK 74637
918-642-3100

To file a complaint with the Secretary of the Department of Health and Human Services, please write to:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
HHS.Mail@hhs.gov

The complaint to the Secretary must be filed within 180 days of when the complainant knew or should have known that the act of omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint, and describe the act or acts of omission believed to be in violation of the standards.

You will not be penalized for filing a complaint.