

HIPAA Patient Privacy Notice

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.

Understanding your health information

Each time you visit Willow Creek Family Medicine, a record of your visit is made. This record includes information about your symptoms, examinations, and test Results, medications you take, your allergies, your medical history and the Plan for your care. This information we refer to as your health record and it is An essential part of the healthcare we provide for you. Your health record contains Personal health information and there are state and federal laws to protect the privacy of Your health information.

Uses and Disclosures of Health Information

We will use your information for treatment

All the nurse practitioners, students and clinical staff involved in your care will read and document in your health record about your examinations, the care planned for you, the care that you receive and the results of that care.

If you were referred to us by another provider, you're Willow Creek Family Medicine provider may send copies of your health record to the provider who referred you to us so your provider will have updated treatment information about your care.

We will provide another healthcare provider, who is treating you, with copies of information from your health record, or possibly a copy of the entire health record, that could assist him or her in treating you.

We may also use information from your health record to call you or send you a letter or postcard to remind you about an appointment, to follow up with diagnostic tests results, to advise you of your treatment status, or to provide you with information about other treatment and care that could benefit your health.

We will use your health information for payment

A bill may be sent to you or your third party payor (insurance). The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures performed, healthcare providers and supplies used. We also may contact your insurance company to determine if they will pay for your health care as part of their certification process.

We will use your health information for regular healthcare operations

The Willow Creek Family Medicine nurse practitioners, students, managers and staff may look at your health record to complete quality reviews or to assess the care and results in your case and others like yours.

You have the right to request a restriction on the above uses and disclosures of your protected health information for treatment, payment and health care operations; however, 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 emergency treatment. We may, however, also end the agreement at any time after informing you of such.

Other Disclosures

Communication with others involved with your care

We may disclose to a family member, or other relative, close personal friend or any other person you identify, health information directly relevant to that person's involvement in your care or payment related to your care.

The disclosure will **only** be done if you agree, do not express an objection when given the opportunity, or we believe, based on the circumstances and our professional judgment that you do not object.

If you are incapacitated or in an emergency circumstance, we may disclose to a family member, or other relative, close personal friend, or any other person accompanying you health information directly relevant to the person's involvement in your care or payment for your care.

Required by law

We may also disclose health information required by law to the following entities or types of entities that includes, but is not limited to:

- Food and Drug Administration
- Public Health or legal authorities charged with disease prevention
- Correctional institutions
- Workers Compensation Agents
- Health Oversight Agencies
- Law enforcement as required by law or in accordance with a valid subpoena
- Licensing boards
- To avoid a serious threat to the health and safety of a person or the public.

We will **not** use information in your records for marketing purposes.

Other uses and disclosures from your health record will be made only with your written authorization or approval.

Patient Rights

You have the right to:

Inspect and obtain a copy of your health record. There may be a charge to cover the cost of copying your record.

Request an amendment to your health records.

Obtain an accounting of certain disclosures of your protected health information.

Request communication of your health information in a certain way or at a certain location. For example, you can ask that we contact you by mail and not by telephone, or that we contact you at a specific telephone number, or that we use an alternative address for billing purposes, or that we not leave messages on certain answering machines.

Revoke your authorization to a use or disclosure of protected health information except to the extent that action has already been taken.

To exercise any of these rights, your request must be in writing. Please mail all request to

**Willow Creek Family Medicine
3235 Sparks Rd.
Cheyenne, Wy. 82001**

Willow Creek Family Medicine reserves the right to change this Notice of Privacy Practices and its policies and procedures for privacy practices at any time and to make the changes effective for all protected health information created or received prior to the new effective date and then currently maintained by Willow Creek Family Medicine. Efforts will be made to advise you of the change(s) in the Notice, policies and procedures at your next service visit. You may also obtain a copy of the revised Notice upon request.

For More Information or to Report a Problem

If you have any questions about your rights, our duties, or our practices and procedures regarding protected health information, please visit www.willowcreekfamilymedicine.com for more information.

If you believe your privacy rights have been or are being violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services in Washington, DC. To file a complaint with us, please send us a complaint in writing. You will not be penalized for filing a complaint.

Acknowledgment of Receipt of the HIPAA Patient Privacy Notice

I have reviewed the HIPAA Patient Privacy Notice of Willow Creek Family Medicine.

Name (please print)

Signature

Date