This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

1. Uses and Disclosures:
Daughters of Charity Health Center ("DCHC") is permitted by law to disclose the minimum necessary personal health information of each patient to carry out treatment, payment and health care operations. For treatment purposes, such disclosures may be made to physicians and other health care providers as necessary to provide the appropriate treatment and care of patients. Personal health information may be disclosed to the government or other third party payors for the purpose of obtaining payment for services provided. DCHC may also use personal health information to carry out day-to-day operations such as scheduling, quality review and appointment reminders. A list of other examples of disclosures can be obtained from the Privacy Officer upon request.

2. Required Authorizations:
DCHC will not disclose any patient’s personal health information for any purpose aside from payment, treatment, and health care operations, without the patient’s authorized consent to such disclosure. Upon request for such authorization, the patient shall have the right to refuse and/or revoke any disclosure of the patient's personal health information.

3. Privacy Compliance:
In accordance with the privacy regulations publicized under the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164 (the "Privacy Regulations"), DCHC has adopted privacy policies regarding usage of patients’ personal health information. DCHC is committed to compliance with the Privacy Regulations and all other laws and regulations regarding patients’ right to privacy.

4. Additional Information:
For additional information regarding DCHC’s privacy policy or for a copy of this notice, please contact our Privacy Officer. DCHC reserves the right to change this Notice and to make the revised and changed notice effective for medical information that DCHC already has about you, as well as any information DCHC receives in the future. We will post a copy of the current notice in our health centers. The notice will contain the effective date.

ACKNOWLEDGEMENT

Patient name (please print): ____________________________  Today’s date: ____________

I acknowledge that I have received notification of my privacy rights concerning the use and disclosure of protected health information as defined by the Privacy Regulations. ____________________________ (signature)

I acknowledge that I have received a copy of this notice. ____________________________ (signature)

Revised 4/6/09
PRIVACY NOTICE
Effective Date: April 14, 2003

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