



Privacy Officer Name and contact information: **Chelsea Drake, Nurse Manager**

Effective Date of Notice: February 2024

Phone: 405-579-4673

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how your medical information may be used and disclosed, and how you receive access to information. **Please review it carefully.**

### **Your Rights**

You have the right to

- A copy of your medical record
- Correct your medical record
- Request confidential communication
- Limit the information Eden shares
- A list of those with whom we've shared your information
- A copy of Eden's privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way we use and share your information

- Talk to your family and friends about your health
- Provide mental health care
- Market our services
- Raise funds for our nonprofit clinic

### **Our Responsibilities, Uses, and Disclosures**

We may use and share your information as we

- Provide care to you
- Run our organization
- Help with public health and safety issues
- Conduct medical and program research
- Comply with state and federal laws
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



## Your Patient Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### Receive a copy of your medical record

- You can request to see or receive a copy of your medical record and other health information.
- We will provide a copy or summary of your health information, usually within 30 days of your written request.

### Ask us to correct your medical record

- You can request Eden to correct health information that you believe is incorrect or incomplete.
- If your request is denied, we will provide you with a written explanation within 60 days.

### Request confidential communications

- You can request that Eden contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will comply with all reasonable communication requests.

### Ask us to limit what we use or share

- You may request that Eden not share certain health information for treatment. We are not required to agree to your request, and we may deny your request if it would affect your care.

### Receive a list of those with who we've share information

- You can request a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment and healthcare operations, and certain other disclosures (such as any you asked us not to disclose). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act in your behalf

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make decisions related to your health information.
- We will confirm the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights. This is done by contacting us using the information on page 1.
- 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 Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We will **not** retaliate against you for filing a complaint.



## **Your Choices**

For certain health information, you can approve what we share.

### **In these cases, you have the right to either approve or decline:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preferences, for example if you are unconscious, we may share your 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 the following we will not share your information unless you have provided permission in written form:**

- Organization Marketing purposes

### **In the case of fundraising**

- We may contact you for fundraising efforts, but you can request Eden not contact you moving forward.



## **Our Responsibilities & Requirements**

Aside from the requests made by our patients and clients, Eden Clinic has a responsibility to abide by state and federal laws in preserving your safety and health information. This section outlines the ways in which Eden can or is required to share patient information.

### **Public Health and safety issues**

We can share your health information for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspect abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Research**

We can use or share your health information for health research.

### **Comply with the law**

We will share your health information if state or federal law requires it, including with the Department of Health and Human Services if required to confirm that Eden is complying with federal privacy laws.

### **Organ and tissue donation requests**

We can share your health information with organ procurement organizations.

### **Medical examiner or funeral director**

We can share your health information with a coroner, medical examiner, or funeral director.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share your health information

- 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**

We can share your health information in response to a court or administrative order, or in response to a subpoena.

### **Other ways we can use or share your health information?**

In some instances, we are required by law to share your information— usually in ways that contribute to the public good, such as public health and research. For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).



## Our Uses and Disclosures

### How do we typically use or share your health information?

#### We use or share your health information in the following ways:

##### **Your medical treatment**

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

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

##### **Operate our organization**

We use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use your health information to manage your treatment and services.*

##### **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 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 we can, you may change your mind at any time. Let us know in writing if you change your mind

**For more information:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

##### **Changes to the Terms of this Notice**

We can change the terms of this notice. The new notice will be available upon request, in our office, and on our website.