

INTERFAITH CLINIC NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Who Will Follow This Notice

Health care professionals, employees, volunteers, and other facility personnel who are members of our workforce authorized to access and/or enter information into your medical record.

Our Privacy Obligations

The law requires us to maintain the privacy of certain health information called "Protected Health Information" ("PHI"). Protected Health Information is the information that you provide us or that we create or receive about your health care. The law also requires us to provide you with this Notice of our legal duties and privacy practices. When we use or disclose (share) your Protected Health Information, we are required to follow the terms of this notice. Finally, the law provides you with certain rights described in this Notice.

Ways We Can Use and Share Your Protected Health Information

Treatment - We use and share your PHI to provide care and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment options. We may tell you about other health-related benefits and services that might interest you. We may also share PHI with other doctors, nurses, and others involved in your care.

Payment and Grants - We may use and share your PHI to receive payment for services that we provide to you through grants or other means. We may also share your PHI with the person who you told us is primarily responsible for paying for your Treatment, such as your spouse or parent.

Health Care Operations - We may use and share your PHI for our health care operations, which include management, planning, quality control, training, and activities that improve the quality and lower the cost of the care that we deliver.

For Fundraising Activities - We may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for Interfaith Clinic. We may also release this information to SHARE Foundation. If you do not want us to contact you, notify the Executive Director at 870-864-8010 and indicate that you do not wish to be contacted.

Business Associates - There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your protected health information to our business associates so they can perform the jobs we've asked them to do. However, we require our business associate to safeguard your information appropriately.

As Required by Law - We will disclose protected health information about you when required to do so by Federal, State or local law.

Public Health Risks - We may disclose protected health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability, to report abuse or neglect, to report reactions to medications or problems with products, to notify people of recalls of products they may be using, to notify a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition.

To Avert a Serious threat to Health or Safety - We may use or disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or other person. Any disclosure, however, would only be to someone able to help lessen or prevent the threat.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, warrant, summons, 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 to obtain an order protecting the information requested. We may disclose PHI to identify or locate a suspect, fugitive, material witness, or missing person. And 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 the crime.

National Security and Law Enforcement – We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and/or to authorized federal officials so they may provide protection to the President, other authorized persons, and foreign heads of state to conduct special investigations.

Coroners and Medical Examiners - We may release your protected health information to a coroner or medical examiner for purposes of determining your cause of death or for other duties, as authorized by law.

Research - Before we use or disclose protected health information for research, the project will have been approved through the research approval process. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

Inmates - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the 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.

Worker's Compensation - We may release your protected health information as necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Your Rights Regarding Protected Health Information About You

Right to Inspect and Copy Your Protected Health and Billing Information - You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and obtain a copy of protected health and billing information, you must complete an *Authorization to Release Protected Health Information* from the Patient Assistance Clerk. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy this information in certain limited circumstances. If you are denied access to protected health or billing information, you may make a request in writing, to the Executive Director of Interfaith Clinic that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend Your Protected Health and Billing Information - If you feel that protected health and billing information we have about you is incorrect or incomplete; you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by or for the facility. To request an amendment, your request must be made in writing and submitted to the Executive Director of Interfaith Clinic. In addition, you must provide a reason that supports your request.

We may deny your request for an 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 Interfaith Clinic, is not part of the information that you would be permitted to inspect and copy, or is accurate and complete.

Right to an Accounting of Disclosures of Your Protected Health and Billing Information - You have the right to request a list of certain disclosures we made of protected health and billing information about you.

To request an accounting of disclosures, you must submit your request in writing to the Patient Assistance Clerk. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003.

Right to Request Restrictions - You have the right to ask us to restrict or limit the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request. If we do agree, we will comply unless the information is needed to provide emergency treatment. Your request for restrictions must be made in writing and submitted to the Executive Director.

Right to Receive Confidential Communications - You have the right to request that we communicate with you about your care and options in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Executive Director. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive Paper Copy of this Notice - If you ask, you may obtain a paper copy of this Notice any time.

Changes to This Notice

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for protected health and billing information we already have about you as well as any information we receive in the future. The effective date of the revised Notice is May 4, 2011. If we change this Notice, we will offer you a paper copy of the revised Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Interfaith Clinic, SHARE Foundation, or with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.

To file a complaint with Interfaith Clinic, contact the Executive Director at 870-864-8010 or in writing at Interfaith Clinic, 403 W. Oak, Suite 200, El Dorado, AR 71730

To file a complaint with SHARE Foundation, contact the President/CEO at 870-881-9015 or in writing at 403 W. Oak, Suite 100, El Dorado, AR 71730

To file a complaint with The Secretary of the Department of Health and Human Services, contact them at 200 Independence Ave., S.W.; Washington, D.C. 20201 or by phone at 1-877-696-6775.

If you have any questions about this Notice or would like to address any areas of your medical record contact the appropriate person at Interfaith Clinic, 403 W. Oak, Suite 200, El Dorado, AR 71730.