

OUR PRIVACY RESPONSIBILITIES UNDER HIPAA

North Dakota law requires that all Health Care Providers protect health records in our possession. If you receive services through **FirstChoice Clinic**, the federal law, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), also protects your health information. In addition, HIPAA requires that we provide you this Notice of Privacy Rights. It lets you know how we may use and disclose your health information and your rights regarding the health information we have in our possession.

HEALTH INFORMATION THAT WE MAINTAIN ABOUT YOU

We maintain records of:

- your name and (if different) the name and relationship of the person receiving treatment;
- your billing address;
- your telephone number;
- your (or the patient's, if different) condition that brings you to **FirstChoice Clinic**;
- the date the Health Care Provider reviewed your chart with you, and;
- clinical findings related to the condition such as results of pregnancy tests, ultrasounds and any other diagnostic or monitoring test to ensure your safety.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- request restrictions on certain uses and disclosures;
- receive communications of protected health information by alternative means or at alternative locations;
- inspect, copy and amend your protected health information held at **FirstChoice Clinic** and receive an accounting of certain disclosures (of your protected health information), and;
- receive a paper copy of this notice even if you have received it electronically.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We only use or disclose your health information as state and federal laws require or permit. In some cases, the law requires that you authorize the disclosure. In other cases, the law allows us to disclose your health information without your authorization.

Use and Disclosure Not Requiring Your Authorization

Treatment: We may use your health information for our treatment activities, such as disclosing it to other healthcare providers as helpful to treat you.

Payment: We may use and disclose your health information for our payment and collection activities, such as completion of vouchers or other necessary documentation for reimbursement of certain covered services that **FirstChoice Clinic** may provide.

Healthcare Operations: We may use and disclose your health information to manage our program operations, such as reviewing the quality of services you receive.

Business Associates: We may disclose your health information to organizations that help us with our work. We have a written agreement that requires these organizations to use your health information for only the reasons necessary to do the work, and to protect it from other uses and disclosures, just like we do.

To Contact You: We may use the information in your health records to contact you if we have information about treatment or other health-related benefits and services that may be of interest to you.

Other Permitted Uses and Disclosures

HIPAA specifically permits us to use or disclose your health information for other purposes without your consent or authorization. In our experience, such disclosures are rare and the limited information we maintain is generally not applicable. However, when authorized by law and to the extent that we may have the information, HIPAA permits us to disclose it to:

- comply with the requirements of federal, state, or local laws, court orders or other lawful process and for administrative or court proceedings;
- report to a public health authority for the purpose of preventing or controlling disease, injury or disability;
- report to the FDA for the quality, safety or effectiveness of FDA-regulated products or activities;
- notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition;
- report abuse, neglect or domestic violence to a government authority;
- provide necessary information to a health oversight agency for activities such as audits, investigations, inspections, licensure of the healthcare system, government benefit programs and regulated entities;
- a law enforcement official for specified law enforcement purposes;

- coroners or medical examiners for identification or determining cause of death;
- funeral directors to carry out their duties with respect to the decedent;
- organ procurement organizations for facilitating donation and transplantation;
- researchers conducting studies approved by an Institutional Review Board;
- prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
- authorized federal officials for specialized government functions such as: military and veteran activities, national security and intelligence activities, protective services for the president, medical suitability determinations, correctional institutions, government entities providing public benefits, and;
- comply with workers' compensation laws.

Uses and Disclosures with Your Authorization

Other uses and disclosures of your personal information require your written authorization. You may revoke your authorization at any time by doing so in writing.

HOW YOU CAN REACH US

If you want additional information about our privacy practices or if you believe **FirstChoice Clinic** has violated your privacy rights, you may file a complaint by contacting:

FirstChoice Clinic Privacy/Compliance Officer
 1351 Page Drive, Suite 205
 Fargo, ND 58013

FirstChoice Clinic does not retaliate against people who file a complaint.

ADDITIONAL PROTECTIONS FOR CERTAIN INFORMATION

- confidential HIV-related information for which additional protections are provided by state law;
- alcohol or substance abuse treatment information for which additional protections are provided by state law, and;
- mental health information for which additional protections are provided by state law.

Acknowledgement:

I have read **FirstChoice Clinic's** Privacy Notice.

Signed: _____ Date: _____
 (Client Name)

Witness: _____ Date: _____