



## NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices (“Notice”) describes how we, Erlanger Express Care, may use and disclose your protected health information (“PHI”), as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you. Please review it carefully.

### HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose PHI without your prior authorization for purposes of Treatment, Payment or Healthcare Operations. Note that some categories of information, such as HIV/AIDS information, genetic information, and information of state Medicaid recipients may be subject to more stringent confidentiality protections under applicable state or federal laws, and we will abide by these special protections.

### USES AND DISCLOSURES OF PHI THAT DO NOT REQUIRE YOUR PRIOR AUTHORIZATION

The following are the primary circumstances under which we may use and disclose your PHI without a signed Authorization:

Treatment. We may use or disclose PHI as necessary to treat you or perform services in connection with your treatment or to allow another covered entity or healthcare provider to treat you. For example, we may disclose PHI to your pharmacist for dispensing prescription medications or to a specialist physician, or other health care providers or facility to help coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs.

Payment. We may use or disclose your PHI as necessary to receive reimbursement or compensation for services provided. We may contact an insurer to get payment authorization for services provided, and we are permitted to use PHI to bill you for the cost of the services provided. For example, we may need to release medical or other information about you to your insurance to process claims for health care services we have rendered. We may also disclose PHI as necessary for another covered entity’s payment activities.

Healthcare Operations. We may use or disclose PHI for healthcare operations, such as use in your health records, to provide appointment reminders or for our own internal quality and other business purposes. For example, we may use your PHI to review our services and to evaluate the performance of our staff. We may use your PHI as part of our efforts to continually improve the quality and effectiveness of the health care products and services we provide. We may also use your PHI for strategic planning, claims reporting and in developing and testing our information systems and programs.

### OTHER USES OR DISCLOSURES OF MEDICAL INFORMATION

- Required by Law
- Public Health Activities
- Health Oversight
- Military & Special Government Forces
- Research
- Workers’ Compensation
- Judicial & Administrative Proceedings
- Deaths
- Serious Threat to Health or Safety

### YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your medical information that we maintain about your care:

- Request a restriction on certain uses and disclosures of your health information for treatment, payment, health care operations, or other permitted purposes
- Receive confidential communications of your health information
- Inspect and copy your health record
- Amend your health record
- Receive an accounting of disclosures of your health information
- Obtain a paper copy of this health notice of information practices upon request
- Notification of a Breach



#### **RESPONSIBILITIES OF ERLANGER EXPRESS CARE**

We are required by law to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice of health information practices currently in effect
- Notify you of any breach of your health information that we are required by law to report to you

#### **COMPLAINTS**

A patient who believes that we have violated his or her privacy rights may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S. W., Washington, DC 20201. We will promptly investigate any complaints in an effort to resolve the matter. We may not penalize or retaliate against you for filing such a complaint.