

# Privacy Policy/Notice to our Patients

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STM Primary Care Clinic is committed to providing quality health care, respecting your privacy, and protecting the information about you that we may receive. We have prepared this notice as required by law, to advise you how medical information may be used and disclosed and how you can get access to this information. Please read it carefully.

**What information we collect and its use.** As an essential part of our business, we obtain certain personal information about you in order to provide a service to you. Some of the information we obtain comes directly from you. Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment as well as other personal information, such as, addresses, social security numbers, family information, current and past medical history, and financial information. This information, often referred to as your medical record serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received.
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health Professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your information
- Make more informed decisions when authorizing disclosure to others

## **Your Rights to your Personal health Information**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Restrict disclosure of your personal information.
- Request review of your personal health information.
- Request amendments or corrections.
- Request disclosure of what information has been released and to whom.

## **Our Privacy Protection Policies**

We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide services to you. Examples of activities requiring access to personal information include: general patient care, scheduling appointments, processing insurance claims, referrals to other health care providers, Management of the medical record and routine billing. Finally, we employ secure technologies in order to safeguard transmission of information about you through electronic services and we have established and maintain procedures to comply with all state and federal laws and regulation regarding the security of personal information. Our Organization is required to: whom

- Maintain the privacy of your health information
- Provide you with a notice as tour legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a copy of the revised notice.

## **Who can Give Authorization?**

Authorization can be given by the patient (a competent adult or emancipated minor), legal guardian or parent of minor, executor of the estate or individual appointed by the court on behalf of deceased or incapacitated individual, or the next to kin(spouse, adult child, father or mother, adult brother or sister) to an incompetent, comatose or critically ill individual unable to provide consent. You have the right to provide us with names of those individuals with whom we may contact to provide appointment reminders or information about treatment, results and other health related benefits or services. You have the right to modify or revoke these names by means of written consent at any time.

## What information we disclose

*We will use your health information for treatment.*

**Example:** *information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your medical record and used to determine the course of treatment. Your physician will document his/her findings and plan of treatment.*

*Nurses, and other healthcare team members will document actions they took and their observations. We will provide subsequent healthcare providers with copies of various reports to assist him/her in treating you. Written authorization will not be required of you for the release of this information.*

*We will use your health information for payment.*

**Example:** *A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and procedures.*

*We will use your health information for regular health operations:*

- **Notification:** *We may disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, location and general condition. We may contact you to remind you or your designee of appointments, treatment, or other services that maybe of interest to you.*

**Communication with family:** *We may disclose information to a family member, other relative, or any other person you identify to receive your health information regarding that person's involvement in your care or payment related to your care.*

**Funeral directors:** *We may disclose health information to the funeral directors consistent with applicable law to carry out their duties.*

**Workers compensation:** *We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation and other similar programs established by law.*

**Public Health:** *as required by law, we may disclose your health information to public health or legal authorities chartered with preventing or controlling disease, injury or disability.*

**Law Enforcement:** *We may disclose health information for law enforcement purposes as required by or in response to a valid subpoena.*

Federal law make provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standard and are potentially endangering one or more patients, workers or the public.

**Research:** *We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research. Attempts are made to de-identify the information to ensure privacy of your personal health information.*

## For More Information or To Report a Problem

If you have question and would like additional information, you may contact: Dr Vinnie or Sunand Kallumadanda at 956-687-8181.

If you believe your privacy rights have been violated, you can file a complaint with the Office of Civil Rights. There will be no retaliation for filing a complaint.