



*Turning Point PRC PO Box 436 Jackson, WY 83001*

### **Privacy Notice**

This notice describes how medical information about you may be used and disclosed, how you can get access to this information, and methods of communication. Please review this notice carefully.

### **Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. At Turning Point PRC (TP), we are committed to protecting the confidentiality of that information, wherever generated or used. For that reason, in most cases, your health care information may not be disclosed without your written authorization or permission. There are, however, reasons TP may use or disclose information about you without your authorization, but in ways that protect your privacy and are required by state or federal law. We want you to understand these practices. This notice tells you about the ways in which we may use and disclose “protected health information” about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **How We May Use and Disclose Protected Health Information About You**

**For Treatment.** We may use medical information about you to provide, coordinate, or manage your health care and related services, including coordination or management with a third party, consultation between healthcare providers, and the referral of patients both within and outside TP. At TP, we maintain an integrated medical record for our patients. Portions of this record are maintained electronically, and are accessible from computer workstations to assist health care professionals in caring for you. We may disclose information about you to doctors, nurses, technicians, students, or other personnel who are involved in taking care of you. You may also be referred for care either within or outside of TP, and information may be shared to facilitate that referral.

**For Health Care Operations.** We may use and disclose medical information about you for our organizational operations. As an organization committed to providing high quality and efficient care, we use information to conduct quality assessment and improvement activities, to review the competence or qualifications of health care professionals and to conduct training and education programs so health care providers improve their skills and all personnel comply with applicable professional, licensure, safety, and accreditation standards. We may also use and disclose

information to conduct or arrange for legal services or for auditing and monitoring, including fraud and abuse detection and compliance programs. Business planning and development, management and general administrative activities, customer service activities, and grievance and complaint resolution are all routine operational activities that may require use and disclosure of certain protected information. We may also use and disclose medical information as part of any reorganization of operations, including one that results in a new or reorganized entity that is subject to privacy protections. Often we track information over time on patient care issues or combine medical information about many patients in order to engage in these operational activities.

**For Research.** In most cases, we will seek your written authorization prior to engaging in research that involves use or disclosure of your medical information.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at TP.

**Treatment Alternatives.** We may use and disclose medical information to contact you about possible treatment options or alternatives.

**Health-Related Benefits and Services.** We may use and disclose medical information to contact you about health-related products or services we provide.

**Business Associates.** We may disclose medical information to business associates with whom we contract so they may provide services on behalf of Turning Point. We require all business associates to implement safeguards to protect medical information.

**As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.

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

**Registries.** We may also be permitted or required by law to release information to registries. This information is aggregated with other information and is used to monitor current treatment practices and develop new protocols to treat medical conditions.

**Military Personnel.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Victims of Abuse, Neglect or Domestic Violence.** We may disclose protected health information about an individual we reasonably believe to be the victim of abuse, neglect or domestic violence to a person authorized by law to receive such reports.

**Public Health Risks.** We may disclose protected health information about you for public health activities and purposes described below.

- To a public health authority authorized by law to collect information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events such as births and deaths, conducting public health surveillance, investigations and interventions, or, at the direction of a public health authority disclosing information to an official of a foreign government agency that is collaborating with a public health authority;
- To a public health authority or other appropriate government agency authorized to receive reports of actual or suspected child abuse or neglect;
- To a person responsible for federal Food and Drug Administration activities for purposes related to the quality, safety or effectiveness of FDA-regulated products or activities;
- To a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, as authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure or disciplinary activities; legal proceedings or actions; or other activities necessary for appropriate oversight of the health care system, government benefit programs, and compliance with government regulatory programs or civil rights laws for which health information is necessary for determining compliance.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- As required by law that mandates reporting of certain types of wounds or injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if we obtain the individual's agreement or we receive certain representations from a law enforcement official and the disclosure is in the individual's best interest, in the exercise of professional judgment;
- About criminal conduct at TP; 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.

**Specially Protected Health Information.** Unless otherwise required or permitted under law, use and disclosure of the following information is subject to additional privacy protection:

AIDS/HIV/ARC information, mental health and mental illness records, drug addiction, alcoholism, and other substance abuse treatment records, developmental disability records, and genetic information.

**Incidental Disclosures.** Certain incidental disclosures of your medical information may occur as a by-product of permitted uses and disclosures. For example, a visitor may inadvertently overhear a discussion about your care occurring within the clinic. If this incidental breach occurs, we will contact you promptly by phone, email, or letter.

**Your Rights Regarding Medical Information About You** You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care.

To inspect and copy medical information, you must submit your request in writing to Turning Point PRC. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and administrative costs associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you will be advised of what steps to take to remedy this and obtain your medical record.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for TP in any of its locations.

- To request an amendment, your request must be made in writing and submitted to Turning Point PRC's Nurse Manager. 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.
- We may also deny your request if you ask us to amend information that:
  - o was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - o is not part of the medical information kept by or for T P to make decisions about your health care;
  - o is not part of the information that you would be permitted to inspect or copy; or
  - o is accurate and complete

If you disagree with our denial, you may submit a statement of disagreement or ask that your request become part of your record. In response, we may prepare a rebuttal as part of your record.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” about your medical information. This accounting will not include disclosures for treatment, payment or health care operations; for facility directory purposes, to persons involved in your care, or for notification purposes; incidental to an otherwise permitted use or disclosure; to law enforcement officials; as part of a limited data set; for national security or intelligence purposes; for other reasons allowed by law; or for disclosures that you authorized or requested. To request this accounting, you must submit your request to TP's Nurse Manager or to the Executive Director. For an accounting of disclosures required to be maintained by federal law, your request must state a time period, which may not be longer than six years and may not include dates before April 1, 2011. Your request should indicate in what form you want the list (for example, on paper, or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** You have a right to request a restriction or limitation on our use or disclosure of your protected health information. Such requests must be in writing.

To request restrictions, you must make your request in writing to TP's Nurse Manager. In your request you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Communication** Turning Point may contact you for any of the following reasons

- Reminders and/or Alerts
- Confirmation of an Appointment
- Service Announcements
- Test or Medical Results
- Patient/Client Communication

By giving your contact information you are consenting to communication from current or future Turning Point staff or volunteers. Methods of communication may include telephone calls, email, and text messaging. Please note that TP utilizes a business cell phone for sending text messages, as such full security is not guaranteed. You have the right to terminate communication with Turning Point at any time. To terminate communication with Turning Point you may make your request in writing to TP's Executive Director or Nurse Manager.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to T P's Nurse Manager. We will not ask the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**Changes to This Notice** Turning Point PRC reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information TP maintains, including information we already have about you. We will post a copy of the current notice in our facility. The notice will contain the effective date.

**Complaints** If you believe your privacy rights have been violated, you may file a complaint with Turning Point PRC or with the Secretary of the Department of Health and Human Services. To file a complaint with Turning Point PRC, contact:

**Turning Point PRC Executive Director, P.O. Box 436, Jackson, WY 83001**

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

All complaints must be submitted in writing. You will not be penalized for filing a complaint.  
Effective November 15, 2018

**I have read and understand this Privacy Notice:**