

Professional Clinical Management, L.C.
(dba Preferred Family Clinic)

NOTICE OF
PRIVACY PRACTICES

Preferred Family Clinic
1355 North University Ave. Suite 200
Provo, UT 84604

PREFERRED FAMILY CLINIC, L.C.
Notice of Health Information Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Privacy Promise

At **Preferred Family Clinic, L.C.**, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit **Preferred Family Clinic, L.C.**, a record of your visit is made. Typically, this record contains your presenting problems, visit and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment, scheduling appointments, describing, or recommending treatment alternatives
- 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 provided
- A tool in educating health professionals
- A source of data for medical research
- 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 health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of **Preferred Family Clinic, L.C.**, the information also belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524. Fees may apply. Under some circumstances, we may deny access to a portion of your health information and you may submit a written request for a review of the denial. **Psychotherapy notes** are allowed a specific exclusion under HIPAA and are protected from disclosure to patient requirements. The Privacy Rule at 45 CFR 164.501 defines “psychotherapy notes” as: “Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. Denial of access to psychotherapy notes is NOT SUBJECT TO FURTHER REVIEW.
- Request amendment of your health record as provided in 45CFR 164.528, but this right is not absolute.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528. Your written request must state the period of time desired for the accounting, which must be within the six years prior to your request and excludes dates prior to April 14, 2003. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.
- Request that we use a specific telephone number or address to communicate with you other than the one listed on your patient information record

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. We will carefully consider all requests for restrictions but are not required to agree to any restriction
- Revoke your authorization to use or disclose health information with a written statement, except to the extent that action has already been taken.

Our Responsibilities

Preferred Family Clinic, L.C., is required 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
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

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 mail a revised notice to the address you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment.

For example: Information obtained by a psychologist, therapist or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your therapist will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the therapist will know how you are responding to treatment.

We will use your health information for payment.

For 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, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include the company that transcribes therapist's dictation from your office visit, laboratories, and collection agencies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close friend or to any other person you give your permission in writing to act in your behalf, health information relevant to that person's involvement in your care or payment related to your care.

Appointment Reminders: As part of our normal business operations, we will provide appointment reminders by telephone/text. Please be assured that if we leave a message, we will only disclose the minimum information needed for an appointment reminder. If leaving appointment reminders using any of the above-mentioned methods is unacceptable to you, please notify us in writing.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. Please check this box above if we may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. Including group therapy and new programs offered in house by our therapists. Message and data rates may apply.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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 or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injure, or disability.

Victims of Abuse, Neglect or Domestic Violence: We may disclose personal health information about an individual whom we reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective service agency authorized by law to receive reports of child abuse, neglect, or domestic violence. Any such disclosures will be made in accordance with and limited to the requirements of the law.

Correctional institution: Should you be an inmate of a correctional institution; we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

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

Federal law makes provisions 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 standards and are potentially endangering one or more patients, workers, or the public.

Contact Us

If you have questions and would like additional information, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, you may contact Preferred Family Clinic, L.C., Executive Director, Carolyn Hyde, or Assistant Director, Carol Hyde, at (801) 221-0223 or by email at PFC1355@GMAIL.COM. The address is 1355 N. University Ave. Ste 200, Provo, UT 84604.

If you believe your privacy rights have been violated, you can file a written complaint with the Preferred Family Clinic, L.C., Privacy Officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. We will investigate all complaints and will not retaliate against you for filing a complaint. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201