



NOTICE OF PRIVACY AND PAYMENT PRACTICES OF CONIFER MEDICAL CENTER

This notice describes how medical information about you may be used and disclosed as well as how you can get access to the information.

Your Protected Health Information.

Individually identifiable information about your health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI.

How We May Use and Disclose Your PHI.

The law provides that we are permitted to make some uses/disclosures without your consent:

- For treatment: we may disclose your PHI to doctors, nurses and other healthcare personnel who are involved in providing your healthcare.
- To obtain payment: we may disclose your PHI in order to bill and collect payment for healthcare services.
- Appointment reminders: unless you provide alternative instructions, we may call with appointment and recall reminders.
- When required by law: we may disclose PHI when a law requires that we report suspected abuse, neglect or domestic violence, relating to suspected criminal activity, or in response to a court order. All authorities must comply with these privacy requirements.
- For public health activities: we may disclose PHI when we are required to collect information about a specific disease or injury.
- Relating to decedents: we may disclose PHI relating to an individual's death to coroners, medical examiners, funeral directors, or organ procurement organizations.
- To avert threat to health or safety: in order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- For specific government functions: we may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons in certain situations.

Your Rights Regarding Your PHI:

- To request restrictions on disclosures**: Conifer Medical Center will consider your request, but we are not legally bound to agree to any requested restriction.
- To inspect and copy your PHI**: Unless your access is restricted for clear and documented reasons, you have a right to see your PHI if you put your request in writing. We will respond to your request within 30 days. If we deny your request, we will give you written reasons for the denial. If you want copies of your PHI, a charge for copying will be imposed.
- To request amendment of your PHI**: If you believe there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request and provide an explanation of your rights to appeal.
- To find out what disclosures have been made**: You have the right to get a list of when, to whom, for what purpose and what content of your PHI has been released other than instances of disclosure for which you gave consent. We will respond to your request within 60 days of receiving it. Your request can be for 3 years prior.

If you have questions concerning the privacy of your medical records or our payment policy, please speak with a member of our office staff.