



Notice of Privacy Practices

Effective Date: January 1, 2012

This notice describes how medical information about you may be used and disclosed and how you can get access to this information

Our Commitment to Your Privacy

Our Practice is dedicated to maintaining the privacy of health information that identifies our patients, or where there is a reasonable basis to believe the information can be used to identify a patient. In conducting the business of our practice, we create records regarding you and the treatment and services we provide to you. This information is called "protected health information" (PHI). We are required by law to maintain the confidentiality of PHI that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices we maintain in our practice concerning your PHI. We also are required to abide by the terms of our Notice of Privacy Practices currently in effect. In this notice we describe the ways we may use and disclose your PHI, your privacy rights in your PHI and our obligations concerning the use and disclosure of your PHI.

How We Use & Disclose Your Protected Health Information

We are permitted to use and disclose your PHI for treatment, payment and health care operations. The following are descriptions and examples of how we use your PHI for those purposes. Not every use or disclosure in a category will be listed; however, all ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use your PHI to treat you. For example, we may use your PHI to write a prescription, order X-rays or laboratory tests, prescribe therapy, or for other health care services. Many of the people who work for or in our practice, including our physicians, physician assistants, nurse practitioners, nurses, medical students, or other training health care professionals may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

Payment: We may use and disclose your PHI so that the treatment and services we provide you may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for, your treatment. We may use and disclose your PHI to obtain payment from third parties which may be responsible for such costs, such as family members. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations: We may use and disclose your PHI to evaluate and promote the quality of care and services provided to you and to support regular business activities. For example, we may use PHI for evaluating the performance of staff, business planning, and financial management of our organization. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

Your PHI may also be used:

- To remind you of an appointment, to respond to your phone call, or to inform you of test results.
- To inform you of health related benefits and services that may be of interest to you.
- To inform you of potential treatment options or alternatives.
- To disclose information to family members, friends, or other representatives who are involved in your care or payment for your care, provided you do not object. For example, a parent or guardian, in their absence, may ask that a babysitter take their child to an appointment. In this example, the babysitter may have access to the child's PHI. When required to do so by federal, state, or local law.

Special circumstances in which we may use or disclose your PHI without your authorization are as follows:

- Public health reporting purposes such as reporting communicable and other diseases and injuries permitted by law, victims of abuse or neglect, work-related illnesses, or maintaining vital records, such as births and deaths.
- For health oversight agencies for activities authorized by law including investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights and the health care system in general.
- For lawsuits or similar proceedings and in response to a subpoena or court order.
- If asked to do so by law enforcement officials regarding a crime.
- For organ and tissue donations and transplantations if you are an organ donor.
- For medical examiners, coroners and funeral directors to identify a deceased individual, the cause of death or other aspects of their job.
- For research purposes in certain limited circumstances approved under federal rules.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
- If required by the appropriate authorities of members of the U.S. or foreign military forces, including veterans.
- For specialized government functions such as national security and intelligence activities.
- If you are an inmate or under the custody of a law enforcement official to provide health care services to you, for the safety and security of the institution, and to protect your health and safety or the health and safety of other individuals.
- For workers compensation and similar programs.
- For disclosure to the Secretary of the U.S. Department of Health and Human Services when requested by the Secretary to review our compliance of the HIPAA Privacy rule.

Your Rights Regarding Your PHI

You have certain rights under federal privacy standards regarding the PHI we maintain about you:

1. You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask we contact you at home, rather than at work.
2. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. In addition, you have the right to request that we restrict our disclosure of your PHI to certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. We may deny your access to specific information, in certain limited circumstances, as allowed by law. In some cases we may require that your request be made in writing. We may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. We will provide you an electronic copy if you request it.
4. You may ask us to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason supporting your request for amendment. Your request for amendment must be made in writing and to our Privacy Officer. We may deny your request for amendment if it is our opinion that the information is (a) accurate and complete; (b) not part of the PHI kept by or for our practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity which created the information is not available to amend the information.
5. You have the right to request an "accounting of disclosures" of your PHI during a specified period of up to six years, excluding dates prior to April 14, 2003. The accounting does not include disclosures made for treatment, payment, health care operations, disclosures required by law and other disclosures as referred to in this notice. The first request in a 12-month period is free, but we may charge you for our reasonable costs for additional requests in the same 12-month period.
6. You have the right to receive a paper copy of this notice.
7. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our practice you must contact our Privacy Officer at the address listed below.
You will not be penalized for filing a complaint.

8. Our practice will obtain your written authorization for uses and disclosures not identified by this notice or permitted by applicable law. Any authorization you provide to us may be revoked at any time in writing.

We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our practice will post a copy of our current notice in our offices in a visible location at all times, and you may request a copy of our most current notice at any time.

You may obtain a copy of this notice at our website, www.chcbh.com.

If you would like further information concerning our privacy practice, have a request, or would like to file a complaint, as described above, please contact:

**Privacy Officer
504 E. Monroe Street
Rapid City, SD 57701
Phone: (605) 721-8939
Fax: (605) 721-8998**