

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This policy also describes how Granger Medical Clinic (GMC) and its subdivisions may use information about you.

State and federal laws and regulations require GMC to maintain the privacy of our patients' medical and health information. This notice describes our duty concerning the safeguarding of Protected Health Information (PHI); how we use or disclose PHI; and obligations to applicable laws, regulations, and rules.

### **USES AND DISCLOSURES CONSENT AND AUTHORIZATION**

In order to provide care, we require you to sign a "consent to treat and consent to use and disclose" PHI for treatment, payment for services, and clinic operations. These clinic operations include actions such as providing for quality improvement and improving customer service.

### **TREATMENT**

We will use and disclose information that you provide in order to treat and offer you various services. We may contact you to provide appointment reminders, offer health information tips, or provide other health-related information.

### **PAYMENT**

We use and disclose PHI in order to obtain payment for services that we provide to you. This may include such activities as processing an insurance claim and obtaining payment from your insurance carrier (or another company that arranges or pays the cost for some or all of your health care), verifying your carrier coverage, or coordinating your benefits from a secondary payer.

### **OPERATIONS**

We may use and disclose PHI for clinic operations, which may include administration and planning programs that improve the quality and effectiveness of the care that we provide you. Such programs may include business-planning activities, assessing and maintaining customer services, and conducting clinical quality assessment and improvement activities.

### **USE OR DISCLOSURE WITH YOUR AUTHORIZATION**

Your consent only permits us to use PHI for purposes of treatment, payment, and health care operations. We may use or disclose PHI for reasons other than treatment, payment, and health care operations only if you have give us your authorization by signing an authorization form or there is an exception as described in the next paragraph.

### **USE AND DISCLOSURE WITHOUT CONSENT OR AUTHORIZATION**

We may use or disclose PHI for purposes other than for treatment, payment, or operations without your consent or authorization if you require emergency treatment or if we try to obtain consent but are unable to due to a barrier of communication.

### **MARKETING COMMUNICATIONS**

We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about those services and products if and when available.

### **EMPLOYER SPONSORED HEALTH BENEFIT PLANS**

We may disclose PHI to your employer so that your employer can monitor, audit, and otherwise administer your health care insurance plan. Your employer cannot legally use any PHI in making employment decisions about you. Your contracted health plan documents should identify a contact person at your place of employment who is authorized to receive such information.

### **PUBLIC HEALTH FUNCTIONS**

We may disclose PHI, as required by law, for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability; (2) to report suspected child or elder abuse and neglect to public health authorities or other government authorities authorized to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition; and (5) to report information to your employer regarding work-related illnesses and injuries or workplace medical surveillance.

### **VICTIMS OF ABUSE, NEGLECT or DOMESTIC VIOLENCE**

We may disclose PHI without your consent or authorization to a government authority authorized to receive reports of abuse, neglect, or domestic violence if we reasonably suspect one of the above is occurring.

### **HEALTH MONITORING FUNCTION**

We may disclose PHI to a health oversight agency that ensures compliance with the rules of government health programs such as Medicare or Medicaid.

**OTHER AREAS OF POTENTIAL DISCLOSURE**

We may disclose PHI to and/or for the following:

- In the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- To police or other law enforcement officials in compliance with a court order.
- To prevent or lessen a serious and imminent threat to a person, or to protect public health or safety.
- To units of the government with special functions, including but not limited to the military, U.S. Department of State, or other state or federal agencies that are identified by law.
- To a coroner or medical examiner as authorized by law.
- To organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- To comply with Worker Compensation laws.

**YOUR RIGHTS**

If you would like more information about your privacy rights, are concerned that we may have violated your privacy rights, or disagree with a decision we may have made about access to your PHI, you may contact the GMC Privacy Officer by phone at (801) 965-3469 or by mail at:

Granger Medical Clinic  
c/o Privacy Officer  
3725 West 4100 South  
West Valley City, Utah, 84120

In addition, you may also file a complaint with the Office of Civil Rights, Department of Health and Human Services. The address for this office is located in the blue pages of any local phone directory. There are specific provisions that address potential fines if it is found that GMC has made an attempt to retaliate against you in any fashion should a complaint be filed.

**YOU MAY SEEK FURTHER RESTRICTIONS**

You may request restrictions on our use and disclosure of your PHI: (1) for treatment, payment, and health care operations; (2) to individuals--a family member, personal friend, or any other person--involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. Such requests while being considered may not be agreed to by the clinic.

**CONFIDENTIAL COMMUNICATIONS**

We will make every attempt to follow a reasonable written request by you to receive PHI by an alternative means of communication or alternative location.

**ACCESS TO YOUR RECORDS**

You may request access to your medical record file, as well as claims, claims payment, claims adjudication case, medical management records, and your billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you request a copy or copies of your record, you may be charged a fee.

**AMENDING YOUR RECORDS**

You may request an amendment to your PHI be included in your medical record, payment history, insurance claim adjudication, medical management records, or billing. We will agree to your written request unless we believe that such amended information is not accurate, complete, or other special circumstances apply.

**POSTING OF THIS NOTICE**

This GMC Privacy Notice is available to you as part of our patient registration process. Copies are posted in the main entrance, and in the business office. Further you can find a copy online at [www.grangermedical.com](http://www.grangermedical.com) for your inspection.

**DATE OF NOTICE, QUESTIONS OR COMPLAINTS**

This notice describes GMC's Privacy Policy effective April 14, 2003 which is in accordance with provisions of the Health Insurance Portability and Accountability Act 1996 (HIPAA). This federal law outlines certain protections of your "Protected Health Information" commonly referred to as your medical record.

**RIGHT TO CHANGE TERMS OF THIS STATEMENT**

GMC may make changes to the terms of this notice at any time. If a change is made, the clinic may offer a new policy *statement and* include any information created or received prior to issuing the new notice. Required changes will be posted in the GMC Business Office and on the clinic web site at [www.grangermedical.com](http://www.grangermedical.com).