

Health and Safety: Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

Government Functions: Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches or the armed services.

Workers' Compensation: Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation. At this time we do not file Workers' Compensation claims.

Business Associates: We may disclose your health information to business associates (individuals or entities that perform functions on our behalf) provided they agree to safeguard the information.

Other Uses And Disclosures: We may contact you to provide appointment reminders or for billing or collections and may leave messages on your answering machine, voice mail or through other methods. We may disclose your health information through Health Information Exchanges (HIEs) in which we participate for treatment, payment or other purposes described above as permitted by law. A HIE is a computer based information system that helps providers securely share medical information for purposes permitted by law such as coordinating care. Patients are generally included in the HIE unless they choose to opt out. To opt out of future disclosures through HIEs in which we participate, contact our Office Manager at the address at the end of this notice.

Except for uses and disclosures described above, we will only use and disclose your health information with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes or sell your health information, unless you have signed an authorization. You may revoke an authorization by notifying us in writing, except to the extent we have taken action in reliance on the authorization.

Your Health Information Rights: You have the right to:

Obtain a paper copy of this notice of information practices upon request, even if you have previously agreed to receive this notice electronically;

Inspect and obtain a copy of your health information that we maintain.

Your Health Information Rights continued: Request an amendment to your health information under certain circumstances;

Request a confidential communication of your health information by alternative means or at alternative locations. Please be advised that this request for alternative means or locations of communications applies only to this provider or location;

Receive an accounting of certain disclosures made of your health information; and

Request a restriction on certain uses and disclosures of your information. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

To exercise any of these rights, please contact our Office Manager at the address at the end of this notice.

Changes To This Notice: We reserve the right to change the terms of this notice and make the new terms effective for all protected health information kept by Claude Family Medical Clinic. We will post a copy of the current notice in our facility and on our website, <http://www.claudfamilymedical.com>. You may also get a current copy by contacting our Office Manager at the address at the end of this notice. The effective date of the notice is located on the front page of this notice.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the clinic owner or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the clinic owner, submit your written complaint to Janet & John Bilyeu at the address at the end of this notice. You will not be penalized for filing a complaint.

Contact Information For Questions Or To File A Complaint:

If you have any questions about this notice, want to exercise one of your rights that are described in this notice, or want to file a complaint, please contact the Office Manager at:

Claude Family Medical Clinic

Attn: Lynn Levin

201 Parks St.

Claude, TX 79019 (806) 226-5611

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

CLAUDE FAMILY MEDICAL CLINIC

EFFECTIVE DATE: AUGUST 20TH, 2015

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

Effective Date: August 20th, 2015

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

Protected health information is stored on paper and electronically and is subject to electronic disclosure.

If you have any questions about this notice, please contact **Janet Bilyeu, at (806) 226-5611.**

This Notice Describes Our Practices And Those Of:

Any medical staff member and any health care professional who participates in your care; Any volunteer we allow to help you while you are here; and All employees of any hospital, clinic, laboratory, or other facility. All of those people are required to follow HIPAA guidelines. They may also share health information that identifies you (also known as "protected health information") with each other for treatment, payment or health care operations as described in the notice.

Our Pledge Regarding Health Information:

We understand that health information about you and your health is personal. We are committed to protecting health information about you. This notice will tell you about the ways that we may use and disclose health information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of protected health information. We are required to comply with any state laws that offer a patient/plan member additional privacy protections.

We Are Required By Law To:

Maintain the privacy of health information that identifies you; Give you and other individuals this notice of our legal duties and privacy practices with respect to protected health information; Follow the terms of the notice that is currently in effect; and Notify affected individuals in the event of a breach involving unsecured protected health information.

How We May Use And Disclose Your Health Information:

For Treatment: We may use and disclose your health information to provide you with medical treatment or services and to coordinate your care. For example, a health care provider, such as a physician, nurse, or other person providing health services will access your health information to understand your medical condition and history. To assist in your treatment and care coordination, we may share information with other providers and with accountable care organizations (known as "ACOs") in which you participate, including notifying them that you have received care from us.

For payment: We may use and disclose your health information for purposes of receiving payment for treatment and services that you receive. For example, we may disclose your information to health plans or other payors to determine whether you are enrolled with the payor or eligible for health benefits or to submit claims for payment. The information on our bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may provide health information to entities that help us submit bills and collect amounts owed, such as a collection agency.

For Health Care Operations: We may use and disclose your health information for operational purposes. For example, your health information may be used by, and disclosed to, members of the medical staff, risk or quality improvement personnel, and others to evaluate the performance of our staff, to assess the quality of care and outcomes in your case and similar cases, to learn how to improve our facilities and services, for training, to arrange for legal or risk management services and to determine how to continually improve the quality and effectiveness of the health care we provide.

Required By Law: We may use and disclose information about you as required by law. For example, we may disclose information to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.

Public Health: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities (e.g., state health

department, Centers for Disease Control, etc.) to prevent or control disease, injury, or disability, or for other public health activities. Texas law contains some reporting requirements, including population-based activities relating to improving health or reducing health care costs.

Law Enforcement Purposes: Subject to certain restrictions, we may disclose information needed or requested by law enforcement officials.

Judicial and Administrative Proceedings: We may disclose information in response to an appropriate subpoena, discovery request or court order.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections to monitor the health care system.

Decedents: Health information may be disclosed to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation: Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may use or disclose your health information for research purposes after a receipt of authorization from you or when an institutional review board (IRB) or privacy board has waived the authorization requirement by its review of the research proposal and has established protocols to ensure the privacy of your health information. We may also review your health information to assist in the preparation of a research study.