

GRANGER MEDICAL CLINIC

Private Healthcare Information (PRIVACY NOTICE)

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 the Granger Medical Clinic (GMC) and its subdivisions may use information about you.

State and federal laws and regulations requires the Granger Medical Clinic to maintain the privacy of medical and health information of our patients. This notice describes our duty concerning safeguarding of Protected Health Information. How we use or disclose Protected Health Information, 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” “Protected Health Information” for treatment, payment for services, and clinic operations which includes administrative actions such as providing for quality improvement and customer service.

TREATMENT

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

PAYMENT

We use and disclose Protected Health Information 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 possibly another company that arranges or pays the cost of some or all of your health care. Verifying your carrier coverage, or coordinating your benefits from a secondary payer.

OPERATIONS

The Granger Medical Clinic may use and disclose Protected Health Information for 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 Protected Health Information for purposes of treatment, payment, and health care operations. We may use or disclose Protected Health Information for reasons other than treatment, payment, and health care operations only if; (1) you have give us your authorization by signing a an authorization form, or (2) there is an exception outlined in the following paragraph.

USE AND DISCLOSURE WITHOUT CONSENT OR AUTHORIZATION

The Granger Medical Clinic may use or disclose Protected Health Information for purposes other than for treatment, payment, or operations without your consent or authorization if; (1) you require emergency treatment; or (2) after an attempt but remain unable due to substantial barriers communicating and we reasonably infer that you would have consented in the absence of such barrier.

MARKETING COMMUNICATIONS

We may use or disclose Protected Health Information 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 Protected Health Information to your employer so that your employer can monitor, audit, and otherwise administer your health care insurance plan. Your employer is not permitted it’s use for any purpose. Your employer cannot legally use any Protected Health Information in making an employment decision about you. Your contracted health plan documents identify a contact person at your place of employment who is authorized to receive such information and that person is properly identified in such plan documents.

PUBLIC HEALTH FUNCTIONS

The Granger Medical Clinic may disclose Protected Health Information 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, as required by law and public health concerns. (2) to report suspected child or elder abuse and neglect to public health authorities or other government authorities authorized by law 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 work–related illnesses and injuries or workplace medical surveillance, as required by law.

VICTIMS OF ABUSE, NEGLECT or DOMESTIC VIOLENCE

The Granger Medical Clinic may disclose Protected Health Information without Your Consent or Your Authorization to a government authority (Social Services or a protective services agency) authorized by law to receive reports of such abuse, neglect, or domestic violence, if we reasonably believe that there may be abuse, neglect, or domestic violence issues.

HEALTH MONITORING FUNCTION

The Granger Medical Clinic may disclose Protected Health Information to a health oversight agency responsible for oversight of health care systems and ensures compliance with the rules of government health programs (Medicare or Medicaid).

AREAS OF POTENTIAL DISCLOSURES

The Granger Medical Clinic may disclose Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

- We may disclose Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order.
- We may disclose Protected Health Information to prevent or lessen a serious and imminent threat to a person, or to protect the public health or safety.
- We may disclose Protected Health Information to units of the government with special functions, including but not limited to military, U.S. Department of State, or other state or federal agencies that are identified by law.
- We may disclose Protected Health Information to a coroner or medical examiner as authorized by law.
- We may disclose Protected Health Information to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- We may disclose Protected Health Information, in necessary compliance to 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 Protected Health Information, you may contact the Granger Medical Clinic, Privacy Officer (801) 965-3417.

In addition, you may also file a complaint with the Director, 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 the Granger Medical Clinic 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 Protected Health Information (1) for treatment, payment, and health care operations, or (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

The Granger Medical Clinic will make every attempt to follow a reasonable written request by you to receive Protected Health Information 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 Protected Health Information 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 that may apply.

POSTING OF THIS NOTICE

This Granger Medical Clinic 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, online at www.grangermedical.com for your inspection.

DATE OF NOTICE, QUESTIONS OR COMPLAINTS

This Notice describes the Granger Medical Clinic Privacy Policy effective April 14, 2003 and 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.

Should you think that your rights might have been violated, please inform us by writing us at

PRIVACY OFFICER

Granger Medical Clinic, 3725 West 4100 South, West Valley City, Utah, 84120

-Or-

Office of Civil Rights, U.S. Department of Health and Human Services.

RIGHT TO CHANGE TERMS OF THIS STATEMENT

The Granger Medical Clinic may make changes 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 Granger Medical Clinic Business Office and on the clinic web site at www.grangermedical.com