

CENTENNIAL HEALTH
(formerly THE OKLAHOMA CITY CLINIC)

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (“PHI”) MAY BE USED AND/OR DISCLOSED.

Centennial Health is committed to protecting the privacy and confidentiality of our patients’ Protected Health Information (“PHI”) in compliance with applicable federal and state laws and regulations. This includes compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health (“HITECH”) Act.

How Centennial Health May Use or Disclose Your Health Information

For Treatment. We may use your PHI to provide you with medical treatment and services. We may disclose your PHI to physicians, nurse, technicians, and other health care personnel or providers who need to know your PHI for your care or treatment.

For Payment. We may use and disclose your health information to others for purposes of determining coverage, billing, collections, claims management, medical data processing, and reimbursement. We may release your PHI to an insurance company, third-party payer or other individual or entity involved in the payment of your medical bill and may include copies or portions of your medical records that are necessary for payment of your account. We may also tell your health plan about treatment or services you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose your PHI for health care operational purposes. Such uses and disclosures are necessary to run the clinic and to make sure our patients receive quality care. Some examples include: quality assurance, patient safety, performance improvement, utilization review, medical review, peer review, internal auditing, regulatory compliance, investigation of complaints, accreditation, certification, licensing, credentialing, medical research, training, etc.

Where Permitted or Required by Law. We may use and disclose information about you as permitted or required by law. For example, we may disclose information:

- If requested by law enforcement: (1) when we receive a court order, warrant, summons, or similar process; (2) to help identify or locate a suspect, fugitive, material witness, or missing person; (3) when the patient is the victim of a crime, if we are unable to obtain the person’s agreement; (4) in emergency circumstances to report a crime, the location of a crime or victim, or the identity, description, or location of the person who committed the crime;
- To a regulatory agency for activities required or permitted by law, including, but not limited to, licensure, certification, audits, investigations, inspections, or medical device reporting;
- In response to a valid court order, subpoena, discovery request, or administrative order related to a lawsuit, dispute, or other lawful process, when required by law;
- To public health agencies or legal authorities charged with preventing or controlling disease, injury, or disability;
- For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services (“CMS”), State Department of Health, etc.;
- In order to comply with laws and regulations related to Workers’ Compensation; and
- In the course of any administrative or judicial proceeding, where required by law.

Organ/Tissue Donation. We may use or disclosure your PHI for cadaveric organ, eye or tissue donation purposes.

Coroners, Medical Examiners, Funeral Directors. We may disclose your PHI to a coroner or medical examiner if necessary to identify a deceased person or to determine a cause of death. We may release PHI to funeral directors if necessary to carry out their duties.

Military / Veterans. If you are a member or veteran of the armed forces, we may disclose your PHI as required by military command authorities.

Inmates. If you are an inmate of a correctional institute or under the custody of a law enforcement officer, we may disclose your PHI to the correctional institute or law enforcement official.

Specific Government Functions. We may disclose your PHI if necessary for national security purposes, such as protecting the President of the United States or the conducting of intelligence operations.

Health and Safety. We may disclose your PHI to law enforcement personnel or persons able to prevent or lessen a serious threat to the health and safety of a person or the public. For example, we may notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition as ordered by public health authorities or allowed by state law.

Appointment Reminders: We may use and/or disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

Medications and Refill Reminders. We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications.

Business Associates. We may use and/or disclose your PHI to business associates that we contract with to provide services on our behalf. Examples include consultants, accountants, lawyers, medical transcriptionists, third-party billing companies, health information organizations, e-prescribing gateways, data storage and electronic health record vendors, etc. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

Personal/Authorized Representative. We may disclose your PHI to your authorized representative.

Family, Friends, Caregivers. We may disclose your PHI to a family member, caregiver, or friend who accompanies you or is involved in your medical care or treatment, or who helps pay for your medical care or treatment. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

Emergencies. We may use and/or disclose your PHI in an emergency. Your authorization is not required in an emergency situation if the use or disclosure is necessary for your emergency treatment. We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

Limited Marketing Purposes. We may use your PHI to provide promotional items of nominal value or marketing information communicated to you face-to-face. For example, we may recommend verbally

or hand you written materials, such as a pamphlet, recommending a specific medication or treatment option.

Limited Data Set. If we use your PHI to make a “limited data set”, we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set are required to take reasonable steps to protect the privacy of your information.

Immunization Records. We may disclose proof of immunization records to a school when required for purposes of admission as a student, upon request by the parent, guardian, or other person acting in loco parentis for the individual, or the individual himself/herself if the individual is an adult or emancipated minor.

Any Other Uses. We may use or disclose medical information for purposes not described in this notice only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI require your written authorization.

NOTE: The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant to Oklahoma law.

Your Health Information Rights Concerning PHI

Right to Inspect and Copy

You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. Your request must be made in writing. We have the right to charge you the amounts allowed by State and Federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are denied access, you may appeal to our Privacy Officer.

Right to Confidential Communications

You have the right to receive confidential communication of your PHI by alternative means or at alternative locations. For example, you may request that we only contact you on your cell phone or by mail. You must submit your request in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if unreasonable or not possible to comply with.

Right to Request Amendment of PHI

You have the right to request an amendment of your PHI if you believe your record is incorrect or incomplete. You must submit your request in writing and state the reason(s) for the amendment. We will deny your request for an amendment if: (1) the request is not in writing or does not include a reason to support the request; (2) the information was not created by us or is not part of the medical record that we maintain; (3) the information is not part of the record you would be permitted to inspect or copy; or (4) the information is accurate and complete. If we deny your amendment request, you have a right to file a statement of disagreement with our Privacy Officer.

Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or health care operations and disclosures made to you, authorized by you, or pursuant to this Notice. To receive an accounting, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request (three years if PHI is an electronic health record). If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of

providing the list. We will notify you of the cost and you may choose to modify or withdraw your request before any costs are incurred.

Right to Request Restrictions on Uses or Disclosures

You have the right to request restrictions or limitations on certain uses and disclosures of your PHI to third parties unless the disclosure is required or permitted by law. Your request must be made in writing and specify: (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to who you want the limits to apply. We will grant a request for restriction if the disclosure is to a health plan for purposes of either payment or health care operations and the PHI pertains to a service for which you have already paid for in full. We are not required to honor other requests. If we do agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you. Any agreement to restrictions must be signed by a person authorized to make such an agreement on our behalf.

Right to Be Notified of a Breach

You have the right to receive notification of any breaches of your unsecured PHI.

Right to Receive a Copy of this Notice

You have the right to receive a paper copy of this Notice upon request.

Right to Revoke Authorization

You may revoke an authorization at any time, in writing, but only as to future uses or disclosures, not disclosures that we have made already, acting on reliance on any authorization you have given us.

Changes to this Notice

Centennial Health reserves the right to change this Notice and make the new provisions effective for all PHI it maintains.

To Report a Privacy Violation

If you have a question concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

**Privacy Officer
Centennial Health
701 NE 10th
Suite 300
Oklahoma City, OK 73104-5403**

Phone: (405) 280-5524 • toll free 1-877-280-5852 (leave message)

You may also report a violation to the Region VI U.S. Department of Health and Human Services Office for Civil Rights, 1301 Young ST, Suite 1169, Dallas, TX 75202. You will not be penalized or retaliated against for filing a complaint.

Effective: 02/01/2018

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