

# Receipt of Notice of Privacy Practices

ACKNOWLEDGEMENT OF RECEIPT OF:

C.O.R.E. MEDICAL CLINIC HIPAA PRIVACY NOTICE

AND

CONSENT TO C.O.R.E. MEDICAL CLINIC PRIVACY PRACTICES

**C.O.R.E. Medical Clinic's Notice of Privacy Practices ("Notice") provides information about how we may use and disclose health information about you and how you can access this information. You have the right to review our Notice before signing this consent.**

**The terms of our notice may change. If we change our Notice, you may obtain a revised copy from your counselor. If you have any questions concerning the Notice, please submit your questions in writing to Marshall Stenson, Privacy Officer.**

By signing this form, you acknowledge that you have received, read, understand and consent to the terms of our use and disclosure of health information about you as set forth in the Notice.

If consent is not earlier revoked, it shall, without express revocation, terminate 180 days after your discharge from the program.

I ACKNOWLEDGE RECEIPT OF A COPY OF C.O.R.E. MEDICAL CLINIC'S HIPAA NOTICE OF PRIVACY PRACTICES. I FURTHER ACKNOWLEDGE THAT I HAVE READ, OR HAVE HAD READ TO ME IN A LANGUAGE I UNDERSTAND, THE NOTICE, UNDERSTAND ITS TERMS, AND CONSENT TO THE TERMS SET FORTH THEREIN.

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Patient Signature

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Date



## **HIPAA Notice of Privacy Practices**

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.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT MARSHALL STENSON, C.O.R.E. MEDICAL CLINIC PRIVACY OFFICER.

### **WHO WILL FOLLOW THIS NOTICE.**

This notice describes C.O.R.E. Medical Clinic's practices and that of:

- Any health care professional authorized to enter information into your C.O.R.E. Medical Clinic chart.
- All employees, staff and other C.O.R.E. Medical Clinic personnel.

### **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. Your health information may consist of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity, and similar types of health-related information.

We create a record of care and services you receive at C.O.R.E. Medical Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by C.O.R.E. Medical Clinic. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or C.O.R.E. Medical Clinic.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

Information regarding your healthcare is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, C.O.R.E. Medical Clinic may not say to a person outside the clinic that you attend the program, nor may we disclose any information identifying you as a participant in a drug treatment program, or disclose any other information except as permitted by Federal Law.

Generally, you must sign a written consent before C.O.R.E. Medical Clinic can share information for treatment purposes or for healthcare operations. However, Federal Law does permit C.O.R.E. Medical Clinic to disclose information without your written permission for the following reasons:

- Pursuant to an agreement with a business associate\*;
- For research, audit, or evaluations;
- To report a crime committed at C.O.R.E. Medical Clinic premises or against C.O.R.E. Medical Clinic personnel;
- To medical personnel in a medical emergency, including a mental health emergency;
- To appropriate authorities to report suspected child abuse or neglect;
- As allowed by a court order or valid subpoena;
- As otherwise required by law.

\*C.O.R.E. Medical Clinic may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the business services contract.

- **For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other C.O.R.E. Medical Clinic personnel who are involved in your care. Different departments of C.O.R.E. Medical Clinic may share health information about you in order to coordinate your care. With appropriate consent, we may also disclose health information about you to people outside C.O.R.E. Medical Clinic who are involved in your medical care. For example, your primary care physician may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you.
- **For Payment.** With appropriate consent, we may use and disclose health information about you so that the treatment and services you receive at C.O.R.E. Medical Clinic may be billed to and payment may be collected from you, an

insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service.

- **For Health Care Operations.** We may use and disclose health information about you for C.O.R.E. Medical Clinic operations. These uses and disclosures are necessary to run C.O.R.E. Medical Clinic and make sure that all of our patients receive quality care. We may combine health information about many C.O.R.E. Medical Clinic patients to decide what additional services C.O.R.E. Medical Clinic should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other C.O.R.E. Medical Clinic personnel for review and learning purposes. We may disclose health information to Qualified Service Organizations, but only that information needed by the organization to provide services to C.O.R.E. Medical Clinic.
- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Take-home medications.** We may use and disclose health information to contact you regarding your take-home medications.
- **90-Day Follow Up.** We may use and disclose health information to contact you regarding follow up care approximately 90 (ninety) days and up to 180 (one hundred eighty) days after discharge from the program.
- **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Medical Emergencies.** We may use and disclose health information to medical personnel to the extent necessary to meet a bona fide medical emergency.
- **Individuals Involved in Your Care.** With appropriate consent, we may release health information about you to a friend or family member who is involved in your medical care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Crimes on Program Premises or Against Program Personnel.** We may release patient-identifying information to the police where a patient commits or threatens to commit a crime on the premises or against program staff.

## SPECIAL SITUATIONS

- **Military and Veterans.** If you are or were a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births or deaths;
  - to report elder or child abuse or neglect;
  - to report non-accidental physical injuries;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may release health information to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release health information about patients of C.O.R.E. Medical Clinic to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide

protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.
- **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the office.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may use and disclose health information about you in response to a court or administrative order or subpoena, subject to all applicable legal requirements.
- **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.**

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to Marshall Stenson, Privacy Officer, using the [HIPAA Request for Access](#) form.

You will not be charged for inspecting your health information; however, if you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to withdraw or modify your request at any time before any costs are incurred.

You have a right to request a copy of your health information in electronic form if we store your health information electronically.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for C.O.R.E. Medical Clinic.

To request an amendment, your request must be made in writing, using the [HIPAA Amendment Request](#) form, and submitted to Marshall Stenson, Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the health information kept by C.O.R.E. Medical Clinic;
  - is not part of the information which you would be permitted to inspect and copy; or
  - is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing, using the [Request for Accounting of Disclosures](#) form, to Marshall Stenson, Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at any time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.

To request restrictions, you must make your request in writing, using the [HIPAA Restrictions Request](#) form, to Marshall Stenson, Privacy Officer. In your request,

you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, or if we are required by law to use or disclose the information.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing, using the Request for Confidential Communications form to Marshall Stenson, Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask your counselor to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. You can also find a copy of this notice on our website at [www.coremedicalclinic.com](http://www.coremedicalclinic.com).

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post the current notice in the clinic with its effective date in the top right-hand corner.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the clinic or with the Secretary of the Department of Health and Human Services, Office of Civil Rights:

Secretary of the U.S. Department of Health and Human Services  
Office of Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, California 94102  
(800) 368-1019

To file a complaint with C.O.R.E. Medical Clinic, you must submit your complaint in writing, using the [HIPAA Complaint](#) form, to Marshall Stenson, Privacy Officer. For additional information, see the C.O.R.E. Medical Clinic grievance procedure located in the information packet.

**You will not be penalized for filing a complaint.**

#### **OTHER USES OF HEALTH INFORMATION.**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

#### **USE OF VIDEO CAMERAS**

C.O.R.E. Medical Clinic, Inc. does have a video camera surveillance system. By signing you are giving consent to being recorded and video usage for the below three purposes:

1. Security reasons to identify any crimes committed on the property
2. Verification of counseling time
3. Monitoring of other program compliance (ie Urine Analysis testing (no cameras in actual bathrooms), sharing of medication, behavioral issues, etc.)