As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

1. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This notice was published and effective April 14, 2003. It was updated on September 23, 2013.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI) and to using or disclosing your PHI only as required or permitted by law. Our practice will create records containing PHI that is collected in connection with your care and any services that we provide to you. Our practice is responsible for maintaining the confidentiality of your PHI. Our practice uses and discloses your PHI only as permitted or required by law. Our practice may use or disclose your PHI if you have given us written authorization in a form prescribed by law to use or disclose it. Copies of any written authorization(s) used by our practice are maintained in your medical record. In addition, a “Notice of Privacy Practices” is provided to you at the time of your first visit to our practice. You may request a copy of the current Notice of Privacy Practices at any time. Any revision or amendment to this notice will be made available to our patients by published notice.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

JCMG Privacy Officer, 1241 W. STADIUM BLVD, JEFFERSON CITY, MO 65109. Phone 573-635-JCMG (5264).

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe different ways in which we may use and disclose your PHI:

1. Treatment. Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use your PHI to determine if your insurer will cover, or pay for, your treatment. Additionally, we may disclose your PHI to others who assist us in providing care to you, such as your spouse, children or parents or other family members.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services that you owe us. For example, we may use your PHI to verify your identity, to verify your insurance coverage, and to process claims with your insurance company. Additionally, we may disclose to third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you for services or procedures that you owe us.

3. Health Care Operations. Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your PHI for our health care operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct management and business planning activities for our practice. Every effort will be made to ensure anonymity.

4. Appointment Reminders. Our practice may use and disclose your PHI to contact you and remind you of your appointment or medical care.

5. Treatment Options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Health Information Exchange (HIE). JCMG participates in a Health Information Exchange (HIE) provided through the Tiger Institute. The HIE facilitates the transmission of your medical record between providers who are treating you, replacing other types of communication methods. The HIE permanently stores your data in a secured repository for providers who have established a relationship with the HIE.

The HIE may also provide critical information about you for other lawful purposes, such as to educate providers who manage the care of others like you, but in doing so, the HIE will not share your written consent.

In those cases where your specific consent or authorization is required by law to disclose your medical record to other providers, JCMG will not disclose that information through the HIE. If you do not want to participate in the HIE, contact JCMG Medical Records, 1241 W. Stadium Blvd, Jefferson City, MO 65109; 573-635-JCMG (5264).

7. Health-Related Benefits and Services. Our practice may use and disclose your PHI to inform you of health-related benefits and services that may be of interest to you.

8. Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician’s office for treatment of a cold. In this example, the babysitter may have no reason to know of health information that only with your authorization.

9. Disclosures Required By Law. Our practice will use and disclose your PHI when required by law. Our practice may also disclose your PHI to organizations, such as the federal government, that are authorized to receive your PHI for national security, law enforcement, or military purposes.

10. National Security. Our practice may disclose your PHI to federal officials for national security purposes, such as for the purpose of preventing or controlling disease, injury or disability.

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate and under the custody of a law enforcement official. Additionally, we may disclose your PHI to federal officials in order to protect the President, other federal officials or foreign official.

12. Workers’ Compensation. Our practice may release your PHI for workers’ compensation and similar programs to the extent necessary to comply with applicable laws.

13. Fundraising Activities. We may use or disclose your demographic information for fundraising activities. Our fundraising activities may include solicitation for donations that support our practice. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you by alternative means or at alternative locations. If you request such an alteration, we will make the alteration to the extent required by law. We may not condition our agreement to do so on the basis of a request for confidentiality. However, if we agree to do so, we will be bound by our agreement except when otherwise required by law.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally you have the right to request that we restrict our disclosure of your PHI to certain individuals involved in your care or the payment for your care, such as family members and friends. You are not required to agree to your request; however, if we do agree, we will be bound by our agreement except when otherwise required by law. All requests for restrictions must be made in writing to JCMG Medical Records, 1241 W. Stadium Blvd, Jefferson City, MO 65109; 573-635-JCMG (5264).

3. Right to a Paper Copy of This Notice. You have the right to request a copy of this notice in writing. We may not charge you for a copy of this notice. This notice will remain current, and you may request a copy at any time. If we make changes to this notice, we will make the revised notice available to you by printed notice in our office(s), and you may request a copy of our most current Notice at any time.

4. Breach Notification. You have the right to be notified in the event of any breach of your unsecured healthcare information.

5. Right to amend your record. You have the right to request that we amend the record if you think the record is incorrect or incomplete. To request an amendment, you must: (a) provide a reason that supports your request for amendment; (b) specify what you want to amend and how it is incorrect or incomplete, and you may request an amendment for as long as the record is maintained by our practice; (c) sign a statement indicating whether you want us to transmit a copy of your amendment to your health plan; and (d) you must provide us with a reason that supports your request for amendment.

6. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request us for amendment for as long as the information is kept by our practice. To request an amendment, you must submit your request in writing to JCMG Electronic Health Records, 1241 W. Stadium Blvd, Jefferson City, MO 65109; 573-635-JCMG (5264). Without your authorization, we are expressly prohibited to use or disclose your PHI for purposes of treatment, payment or health care operations. Additionally, you may request us to amend your health information for as long as the information is kept by our practice. You may request your PHI be removed in as long a period as is required.

7. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures” made by our practice in the event of any breach of your unsecured healthcare information. In order to obtain an accounting of disclosures, you must submit your request in writing to JCMG Electronic Health Records, 1241 W. Stadium Blvd, Jefferson City, MO 65109; 573-635-JCMG (5264). All requests for “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date the “accounting of disclosures” is requested and may not include dates before April 14, 2003. The first list you will receive within a 12-month period is free of charge, and each additional list is $25.00. If you request an “accounting of disclosures” that is not within the 12-month period, you must pay for the disclosure of your PHI. You must submit your request in writing to JCMG Electronic Health Records, 1241 W. Stadium Blvd, Jefferson City, MO 65109; 573-635-JCMG (5264). You may request us to send an accounting of disclosures to a person or organization that you designate in your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request review by an independent review entity. Another licensed health care professional chosen by us will conduct reviews.

8. Right to a Paper Copy of This Notice. You are entitled to receive a copy of this notice in writing. You may request one of these materials, in writing, at any time, or if you receive a copy of this notice at any time. To obtain a copy of this notice, contact JCMG Medical Records, 1241 W. Stadium Blvd, Jefferson City, MO 65109; 573-635-JCMG (5264).

9. Right to File a Complaint. If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint. You must submit your complaint in writing to JCMG Medical Records, 1241 W. Stadium Blvd, Jefferson City, MO 65109; 573-635-JCMG (5264).

10. Right to Provide an Authorization for Other Uses and Disclosures. Other Permitted and Required Uses and Disclosures not set forth in this Notice will be made only upon your written authorization. Any request not to use or disclose your PHI without your written authorization. We may not use or disclose your PHI for purposes not set forth in this Notice if you request that we not use or disclose your PHI. All requests for additional uses or disclosures must be made in writing to JCMG Medical Records, 1241 W. Stadium Blvd, Jefferson City, MO 65109; 573-635-JCMG (5264).

11. Right to Notice of Privacy Practices. If you have any question regarding this notice or our health information privacy policies, please contact JCMG Privacy Officer, 1241 W. STADIUM BLVD, JEFFERSON CITY, MO 65109; 573-635-JCMG (5264).