



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

A law known as HIPAA requires this notice. It applies to Community Physicians Group (CPG) and its participating providers. Our health care delivery sites include physicians' offices located at Gentry Medical Center, Kansas Medical Clinic, Kroeker Family Care, Locust Grove Family Physicians, Siloam Springs Medical Center, Sager Creek Pediatrics, Westville Medical Center, Jay Family Medicine Clinic, and Family Medical Center. If we open other clinics, laboratories or facilities, this notice also will apply to the other locations. We share your Protected Health Information (PHI) within our facilities to provide you with health care services, payment for your care and to conduct our business operations.

Purpose of this Notice

In the course of doing business, CPG gathers and maintains personal information about you. CPG respects the privacy of your PHI as required by law. This Notice describes our privacy practices and how we protect the confidentiality of your PHI.

What is Protected Health Information?

PHI is information that identifies who you are and relates to your past, present or future physical or mental health condition, the provision of health care to you, or a past, present or future payment for the provision of health care to you. It does not include information about you that is publicly available or that is not individually identifiable.

How We Protect your PHI

Access to your PHI is limited to those employees who have a need to use the information for billing, administrative or similar purposes, or who become involved with an issue regarding your health or a claim on your behalf. We maintain appropriate physical,

electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure.

Types of uses and disclosures of PHI we may make without your Authorization

Federal law allows CPG to use and disclose your PHI in order to provide health care services to you, as well as bill and collect payments for the health care services provided to you by your provider. Federal law also allows CPG to use and disclose your PHI as necessary in connection with health care operations of CPG.

◆ **Treatment** We may disclose PHI about you to doctors, nurses, technicians, students or other personnel involved in taking care of you. For example, these professionals may include outside professionals who are involved in providing health care to you. Different departments or sites may share your PHI in order to coordinate your care, such as prescriptions, lab testing and x-rays. We may also provide information to others involved in your continued care, such as authorized family members, nursing service providers, or to contact you to remind you of your appointments. If time allows, we may mail a postcard reminder. We may leave this information on your answering machine or in a message left with the person answering the phone.

◆ **Payment** We may use and disclose your PHI so the treatment and services you receive may be billed and payments collected from you, an insurance company or a third party. Examples of common payment activities include, but are not limited to: determining eligibility or coverage under a plan and settling claims; risk adjustments; billing and collection activities; reviewing healthcare services for medical necessity, coverage, justification of charges and the like.

◆ **Health Care Operations** We may use and disclose your PHI for certain administrative, financial, legal, and quality improvement activities that are necessary to run our business and support the core functions of treatment and payment. Activities include population based disease management programs; utilization review activities; reviewing the competence or qualification of health care professional (certification, licensing, or credentialing); conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs. Business planning and development; business management and general administrative activities, customer service, grievance process, sale or transfer of assets; underwriting and other activities relating to

the creation, renewal, or replacement of a contract of health insurance or health benefits. We may have you sign in when you arrive at our office and call out your name when we are ready to see you or have questions.

CPG is also allowed by law to use and disclose your PHI without your consent or authorization for the following purposes:

- ◆ When required by law but only to the extent and under circumstances provided in that law
- ◆ For public health activities, such as reports about communicable diseases or work-related health issues
- ◆ In reports about child abuse, domestic violence, or neglect, or certain injuries
- ◆ For health oversight activities, such as reports to governmental agencies responsible for licensing physicians, audits, inspections or investigations
- ◆ In connection with court proceedings or proceedings before administrative agencies or to defend us in a legal dispute. As required by a subpoena, warrant or similar document in a criminal proceeding.
- ◆ For law enforcement purposes, limited to information for identification, victims of crime, suspicion of death as result of criminal conduct, the crime occurs on premises of practice, and medical emergency that a crime has occurred
- ◆ In reports to coroners, medical examiners, or funeral directors, executors and next of kin to enable them to carry out their lawful duties.
- ◆ For tissue or organ donation as necessary to facilitate organizations involved
- ◆ To avert a serious threat to the health or safety of a person or public
- ◆ For military, veterans, national security, intelligence and similar activities, including the protection of the President
- ◆ In connection with services provided under worker compensation laws
- ◆ For Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls or to make replacement
- ◆ If you are under the custody of a law enforcement agency, it may be necessary for the institution to provide you with health care and/or protect the health and safety of you and/or others.

In the event that this medical practice is sold or merged with another organization, your medical

information will be the property of the new owner(s) who will have access to it. You will maintain the right to request that copies of your medical information be transferred to another physician or medical practice.

CPG may disclose your PHI to your family members if they are involved in your care or payment for that care without either your consent or your authorization. However, you must be provided with an opportunity to object to the disclosure.

You, as a parent, can generally control your minor child's PHI. However, in some cases we are permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission, or when you do not have legal custody.

Authorizations

All other uses and disclosures of your PHI will be made by CPG only with your written authorization. You may revoke any authorization at any time in writing. It is important for you understand we are unable to take back any disclosures we have already made with your prior authorization.

Your Rights Regarding your PHI **Access to Personal Information**

As a matter of federal and state law, you have the right to review and copy your PHI we maintain. If you desire to access your PHI, you must notify CPG in writing. We will respond to your request within 30 days and provide a time and place, within normal business operating hours, for your inspection. If you request a copy of your PHI, a copy may be provided. A reasonable fee for copying may be charged to the extent permitted by applicable law.

However, under federal law, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administration proceedings.

Right to Amend Your PHI

For as long as your PHI is maintained by CPG you have the right to request a correction if you believe the information is incorrect or incomplete. Your request to amend must be made in writing with a reason to support the request and submitted to the Medical Records Department. We will respond within 60 days of receiving your written request. If we deny your request, we will explain why. In addition we may deny your request if you ask us to amend information that: is accurate and complete, was not created or is not part of the information maintained by CPG, is not part

of the information which you would be permitted to inspect and have copied, or is consistent with our policy.

Any agreed upon correction will be included as an addition to, and not a replacement of already existing records.

Right to Request Restrictions

You have the right to request a restriction on how we use and disclose your PHI. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note we are not required to grant your request for restrictions. Your PHI is critical for providing you with quality health care. Additional restrictions may be harmful to your care. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your PHI matters in a certain way or at a certain location. Examples are sending by a sealed envelope rather than a post card or calling you at work. Your request must specify how or where you wish to be contacted. We will accommodate any reasonable requests.

Right to Receive an Accounting of Disclosure

You have the right to request a history of certain disclosures we make of your PHI. You can request an accounting by writing to us. Your request must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003. Please note certain disclosure, such as those made for treatment, payment, or health care operations, certain government functions, or disclosures authorized by you, need not be included in the accounting we provide to you. 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.

Right to receive copy of this notice

You have the right to request and receive a copy of this notice at any time, at no charge. We will ask you to acknowledge receipt of this notice. You may obtain a copy of this notice at our website, www.cpgclinics.com.

Right to Complain

You will not be penalized for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint in writing to:

Community Physicians Group
Attention: Privacy Officer
PO Box 9
Gentry, AR 72734
Email: caustin@cpgclinics.com

You may also notify the Secretary of the Department of Health and Human Services.

Exercising your Rights

If you want to exercise any of your rights, you should request a copy of our separate procedure and forms relating to the topic.

Rights/Duties of Community Physicians Group

We reserve the right to change or amend this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain. A Copy of any revised Notice of Privacy Practices will be made available to you at each appointment.

We may use and disclose your PHI to the fullest extent authorized by law.

By Oklahoma law we are required to notify you that your medical information used or disclosed as described in this Notice of Privacy Practices may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human Immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

Meet our new Partners - CPG will begin securely sharing patient data through the MyHealth Access Network, Oklahoma's online health information exchange and SHARE, Arkansas' online health information exchange. For more information please go to: www.Myhealthaccess.net OR www.sharearkansas.com

The effective date of this Notice is April 14, 2003.
Revised 1-5-2015

Community Physicians Group

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

A description of how your medical information will be used and disclosed by Community Physicians Group is in our NOTICE OF PRIVACY PRACTICES. Your rights are also described in our NOTICE OF PRIVACY PRACTICES. The notice is posted in our office and you have been given a copy for your personal use.

I have received a copy of Community Physicians Group's Notice of Privacy Practices dated April 14, 2003.

Patient or Representative

Date Signed

Legal Authority of Representative

Basis for refusal, if refused: _____