

Notice of Privacy Practices



Community Care Pharmacy

37 W. Main Street
Buckhannon, WV 26201
(304) 472-1712

Revision Effective February 14, 2017

**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 of Privacy Practices describes how Community Care of West Virginia, Inc. (CCWV) and each of its community health center facilities may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are required by law. It also describes your rights to access and control your protected health information. “Protected health information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services.

1. OUR COMMITMENT TO YOUR PRIVACY

As part of our mission of providing quality, community-based healthcare services, it is necessary for us to gather medical and personal information from our patients that is private. Under Federal and/or State laws, some of the medical and personal information you provide to us is considered

to be protected health information. As your healthcare provider, we appreciate and respect your trust, and we are dedicated to maintaining the privacy of your protected health information.

In providing healthcare and conducting our business, we will create records regarding you and the treatment and services we provide to you. This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. The terms of this Notice apply to all records containing your PHI that are created or retained by our organization.

2. OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

Community Care of West Virginia is required by law to (1) make sure that medical information that identifies you is kept private; (2) give you this Notice of our legal duties and privacy practices with respect to medical information about you; (3) follow the terms of the Notice that is currently in effect; and (4) communicate any changes in the Notice to you.

We reserve the right to revise or amend this Notice of Privacy Practices at any time in the future, without prior notice. This Notice’s effective date is found at the top of the first page. We reserve the right to make any revision or amendment to this Notice effective for all of your records that our organization has created or maintained in the past, as well as for any information we receive and for any records that we may create or maintain in the future. Our organization will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time. A copy also may be obtained from the Community Care website at www.ccwv.org.

If you have questions about this Notice, please contact our Privacy Officer by mail at P.O. Box 217, Rock Cave, West Virginia 26234; or by telephone at 304-924-6262.

3. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. *Uses and Disclosures of Protected Health Information for Treatment, Payment, and Healthcare Operations*

The law permits us to use or disclose your protected health information for the following purposes:

(1) **TREATMENT.** We may use your protected health information to treat you. We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. Doctors, nurses, technicians, pharmacists, psychologists, students, or other healthcare personnel, who are involved in taking care of you, use medical information about you.

For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Our staff, including but not limited to our medical providers and nurses, may use or disclose your PHI in order to treat you or to assist others (such as specialists to which we may refer you) in your treatment.

We may use and disclose your PHI to coordinate or manage your healthcare and any related services. This includes the coordination or management of your healthcare with another healthcare provider. For example, your PHI may be provided to a physician or other healthcare provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.

(2) **PAYMENT.** Your protected health information will be used or disclosed, as needed, in order to bill for and to obtain payment for the healthcare services and other items you may receive from us. This may include certain activities that we are required to undertake before payment can be obtained from your health insurance plan or other third party.

For example, we may contact your health insurer to certify that you are eligible for benefits (and to determine that range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also we may use your PHI to bill you directly for services and items.

(3) **HEALTH CARE OPERATIONS.** We will use or disclose, as needed, your protected health information to operate our business and in order to support the daily activities of providing healthcare services. These uses and disclosures are necessary to run our community health centers and to make sure that all of our patients receive quality care.

As examples of the ways in which we may use and disclose your information for our operations, we may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our organization. We may also use your PHI for employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. We also may combine PHI about many health centers to decide what additional services the health centers could offer, what services are not needed, and whether certain new treatments are effective.

For example, we may disclose your PHI to medical students that see patients in our office as part of their training. In addition, we may use a sign-in sheet at the registration desk, and we may call you by name in the waiting room when your healthcare provider is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We also may share your PHI with third party “business associates” that perform various activities (e.g., laboratory services, x-ray services, pharmacy, etc.) for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written agreement which contains their obligation to protect the privacy of your PHI.

Because we constantly strive to improve the healthcare we provide, we may disclose information to our medical providers, nurses, technicians, students, other healthcare personnel, administrative staff, and Board of Directors for research studies and learning purposes. We will remove information that specifically identifies you from this set of medical information so others may use it to study medical care and medical care delivery without learning who you are.

Since we are a Federally Qualified Health Center (FQHC) and receive certain Federal and State grant funding, we have certain reporting obligations which require us to supply PHI to certain governmental agencies, including the State of West Virginia and the U.S. Health Resources and Services Administration (HRSA). Again, we will always remove information that specifically identifies you so that the reviewer will not learn who you are.

INFORMATION PROVIDED TO YOU:

- ***Appointment Reminders:*** We may use and disclose your medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital or clinic. Unless you make an alternative request, these reminders may include sending postcards to your home or leaving messages on your answering machine or with whoever answers your phone to remind you of appointments, to ask you to contact us concerning your care, or to seek or coordinate your participation in programs we offer, such as chronic disease management programs. We may also send you newsletters concerning treatment or care alternatives, benefits, services, and other general healthcare information.
- ***Treatment Alternatives:*** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ***Medical-Related Benefits and Services:*** We may use and disclose your medical information to tell you about medical-related benefits or services that may be of interest to you, such as

diabetes management classes, smoking cessation classes, stress management classes, etc.

B. Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Except as described in this Notice of Privacy Practices, other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described herein. If you do authorize us to use or disclose your PHI for another purpose, you may revoke your authorization at any time, in writing, except to the extent that our organization or any of our healthcare providers have taken any action in reliance on the use or disclosure indicated in the authorization.

C. Other Permitted and Required Uses and Disclosures that May Be Made with Your Authorization or Opportunity to Object

We may use and disclose your protected health information in the situations listed below. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using their professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your healthcare will be disclosed. Unless you object, we may disclose your PHI:

- To a member of your family, a relative, a close friend, your personal representative, or any other person that you involve in your care, but only to the extent that the PHI directly relates to that person's involvement in your healthcare;
- To notify a family member or other person responsible for your care of your location, general condition, or death; or
- To entities (such as the American Red Cross) to assist in disaster relief efforts.

We will not use or disclose your PHI for marketing purposes until we obtain your written authorization. We do not provide or sell your PHI to any outside marketing firms or agencies.

D. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or an Opportunity to Object

We may use or disclose your protected health information in the following situations that do not require your authorization or opportunity to object:

Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the applicable law and will be limited to the relevant requirements of that law. For example, the Office of Civil Rights or the Office of the Inspector General may require access to your PHI while conducting audits or investigations of reported privacy breaches or violations. You will be notified of any such uses or disclosures, as required by applicable law and the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

As required by law, we may disclose your PHI to public health authorities for purposes related to: (1) preventing or controlling disease, injury, or disability; (2) reporting births and deaths; (3) reporting child abuse or neglect; (4) reporting domestic violence; (5) reporting to the Food and Drug Administration problems with products and reactions to medications; (6) notifying people of recalls of products they may be using; and (7) reporting disease or infection exposure to a person who may have been exposed or may be at risk for contracting or spreading a disease or condition.

We may also disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of another person or the general public. Any disclosure,

however, would only be to someone able to help prevent the threat. We may also disclose your PHI, if directed by an appropriate public health authority, to a foreign government agency that is collaborating with the public health authority. West Virginia law also requires reporting of weapon or burn-related injuries, cancer, and lead poisoning.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight Activities: We may disclose your PHI to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, and other proceedings required by the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will make a good faith effort to inform you of all such requests when received.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel or veterans (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Abuse or Neglect: We may disclose your PHI to a law enforcement agency or to a public health authority, such as the Department of Health and Human Resources (DHHR) and Child Protective Services (CPS) that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable Federal and State laws.

Law Enforcement. We may disclose your PHI to law enforcement officials for purposes or in situations such as:

- Identifying or locating a suspect, fugitive, material witness or missing person;
- In response to a court order, subpoena, warrant, summons or similar process;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at any of our health centers; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with medical care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, for

determining cause of death, or for other duties authorized by law. We may also disclose PHI to funeral directors to carry out their duties. PHI may be used and disclosed for organ, eye, or tissue donation purposes.

Research. We may disclose your PHI to researchers conducting research that has been approved by an Institutional Review Board, which has reviewed the research proposal and established protocols to ensure the privacy of your PHI. For example, a research project may involve comparing the medical treatment and recovery of all patients who received one medication to those who received another type of medication for the same condition.

All research projects, however, are subject to a special approval process called an Institutional Review Board or Privacy Board. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose PHI for research, the project will have been approved through this research approval process, but we may disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the facility, and so long as the information sought is necessary for the research purpose. We will ask for your specific permission if the research involves treatment. If you are asked for such permission, you have the right to refuse.

Safety: We may disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of the public or another person. Such disclosures may include reports to law enforcement, reports Child Protective Services (CPS) or Adult Protective Services (APS), or the filing of a petition for evaluation and/or involuntary commitment through the State's Mental Hygiene process.

Worker's Compensation. We may use and disclose your PHI, as necessary, to comply with worker's compensation laws regarding work-related injuries or illness.

Change of Ownership. In the event that Community Care of West Virginia is sold or merged with another organization, your medical information/record will become the property of the new owner.

E. Permitted Uses and Disclosures For Which You May Elect to “Opt Out.”

We have chosen to participate in the West Virginia Health Information Network (WVHIN), a regional health information exchange serving all of West Virginia. As permitted by law, your health information will be shared with this exchange in order to provide faster access, to facilitate better coordination of care, and to assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your health information available through WVHIN by completing the Opt-Out Form, which is available, upon request, at any Community Care of West Virginia health center. Public health reporting and Controlled Dangerous Substances information, as part of the West Virginia Prescription Drug Monitoring Program (PDMP), will still be available to providers.

4. NOTICE OF MORE STRINGENT REQUIREMENTS UNDER WEST VIRGINIA LAW

You should note that the foregoing summary of permitted uses and disclosures of PHI is based upon Federal requirements. Those requirements are to be followed unless West Virginia law offers PHI greater protection. In certain situations, West Virginia has adopted stronger protections for PHI than the Federal provisions. Since we are providing your healthcare in West Virginia, these laws will apply even though you may be a citizen of another state.

In West Virginia, mental health information obtained in the course of our care is considered to be confidential and may only be disclosed with patient authorization, under command of a qualified court order, or where necessary to protect someone from clear and substantial danger of imminent harm. For this purpose, mental health information includes the fact someone is our patient or has received treatment; all information related to diagnosis or treatment; PHI concerning physical, mental, or

emotional condition; and advice, instructions, or prescriptions related to such care, treatment, or diagnosis.

Under West Virginia law, we may not release or disclose PHI of a minor receiving treatment or services for birth control, prenatal care, drug rehabilitation, or venereal disease without the minor’s prior written consent (even to parents or guardians).

Under West Virginia law, the identity of a person who has received an HIV-related test and the results of such test may not be disclosed without the person’s consent. However, disclosure is permitted to certain parties, such as to the victim of a sexual assault or to healthcare workers involved in the treatment of the person. Recipients of such information under one of these exceptions are prohibited from further disclosing the PHI. We also cannot disclose to a third party any PHI concerning substance abuse treatment without patient authorization.

5. YOUR RIGHTS REGARDING YOUR PHI

A. You Have the Right to Inspect and Obtain a Copy of Your Protected Health Information.

This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A “designated record set” contains medical and billing records that we use for making health care or business operation decisions about you.

Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to such information or was obtained from someone other than a healthcare provider upon a condition of confidentiality. You may request an appointment to inspect and copy your PHI by completing an Access Request form and submitting it to our Privacy Officer. If your request is granted, we will schedule a mutually convenient time for such action.

We are required to respond to your request to inspect and copy your records within thirty (30) days of receipt of your request if the requested

information is maintained on-site, or within sixty (60) days if the information is maintained off-site. We also have the right to extend this response time by up to an additional thirty (30) days with written notice to you of the reasons for the delay and the date by which we will complete our action on your request. We may deny your request to inspect and copy your records in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. One of our medical staff will review your request and the denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of that review.

Please note that all original health records created by us in the course of your care remain our property. We are required to take reasonable measures to safeguard these records and to prevent unauthorized additions, deletions, or changes in these documents. Accordingly, while you have a general right to inspect and copy your medical records under Federal and State law, we must control the conditions and circumstances under which any inspection and copying occurs.

No patient or authorized representative will be permitted unsupervised access to any medical record, and no medical records may leave our control for inspection and copying purposes. Under West Virginia law, we are permitted to charge you a fee for the cost of copying, mailing, or searching these records, except where expressly prohibited by such governing laws and regulations. If you request, we may prepare a summary of your PHI (a fee will be charged). You may request information concerning our fees from our Privacy Officer.

To request a copy of your medical information, contact the facility from which you are seeking information. The addresses for all CCWV facilities are listed near the end of this Notice. To request a copy of your billing information, contact CCWV Billing Department, P.O. Box 217, Rock Cave, WV 26234, or call (304) 924-6262.

B. You Have the Right to Request Restrictions or Limitations on Certain Uses and Disclosures of Your Protected Health Information.

This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply (for example, disclosures to your spouse); and (4) an expiration date.

We are not required to agree to a restriction that you may request. If the healthcare provider believes it is in your best interest to permit use and disclosure of your PHI, then it will not be restricted. If your healthcare provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your healthcare provider.

To the extent that you wish to restrict our ability to use or disclose your PHI for payment, you will be asked to make alternative arrangements for payment. We reserve the right to require you to make all payments at the time of service.

To request a restriction of your personal health information, please send your written request to: CCWV Health Information Management Department, P.O. Box 217, Rock Cave, WV 26234.

C. You Have the Right to Request to Receive Confidential Communications From Us By Reasonable Alternative Means or at an Alternative Location.

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 can ask that we only contact you at work or by mail.

To request confidential communications of your personal health information, please send your written request to: CCWV Health Information Management Department, P.O. Box 217, Rock Cave, WV 26234.

If you desire for your billing information to be sent to another address, contact CCWV Billing Department, P.O. Box 217, Rock Cave, WV 26234, or call (304) 924-6262.

D. You Have a Right to Request That We Amend Your Protected Health Information that is in Your Designated Record Set.

This means that you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. To request an amendment, your request must be in writing on forms available from our Privacy Officer (Request for Amendment/Correction of PHI). You must provide a reason that supports your request.

Upon the receipt of a written request for amendment, we will consider your request and will make amendments based on the medical opinion of the healthcare provider who originated the entry. If the healthcare provider believes the entry should not be amended, *we are not required to make any amendment*. 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 designated record set kept by us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. Your statement of disagreement may not exceed two hundred fifty (250) words. If you submit a statement of disagreement or clearly indicate in writing

that you want your request for amendment to be made a part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

For more information about requesting amendments to your designated record set, contact the CCWV Health Information Management Department, P.O. Box 217, Rock Cave, WV 26234 or call (304) 924-6262.

E. You Have a Right to Receive an Accounting of Certain Disclosures We Have Made of Your Protected Health Information.

This right applies to disclosures for purposes other than treatment, payment, or health care operations. This right does not apply to information provided to you or others pursuant to your authorization, to family members or friends you have involved in your care, or for certain government functions as addressed in this Notice of Privacy Practices. The right to receive this information is subject to certain other exceptions, restrictions, and limitations. The first accounting of disclosures you request within a 12-month period shall be free of charge, but we reserve the right to charge you for additional lists within the same 12-month period. We will notify you of the costs involved in your request, and you may withdraw your request before you incur any costs. To request an accounting of applicable disclosures, contact the CCWV Health Information Management Department, P.O. Box 217, Rock Cave, WV 26234.

F. You Have a Right to Obtain a Paper Copy of this Notice of Privacy Practices.

You may ask us to give you a copy of this Notice at any time. Or, you may request a copy by contacting the CCWV Health Information Management Department, P.O. Box 217, Rock Cave, WV 26234.

6. OTHER USES OF YOUR PHI

Other uses and disclosures of your PHI not covered by this Notice or the laws and/or regulations that apply to Community Care of West Virginia

will be made only with your written permission. If you provide us with permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain records of the care that we provided to you under that written authorization.

7. CONTACT INFORMATION AND COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your medical information. **You will not be penalized for filing a complaint.** We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Concerns about this Notice of Privacy Practices or how your protected health information is used or disclosed should be directed to the appropriate CCWV department or facility at the following addresses:

**Community Care of WV
Privacy Officer**
P.O. Box 217
Rock Cave, WV 26234
(304) 924-6262

**Community Care of WV
Health Information Dept.**
P.O. Box 217
Rock Cave, WV 26234
(304) 924-6262

CCWV Billing Dept.
P.O. Box 217
Rock Cave, WV 26234
(304) 924-6262

CCWV Compliance Officer
P.O. Box 217
Rock Cave, WV 26234
(304) 924-6262

CCWV Pharmacy Dept.
Route 20 & 4 South
Rock Cave, WV 26234
(304) 924-6784

School-Based Health Dept.
P.O. Box 217
Rock Cave, WV 26234
(304) 473-1440 ext. 1519

NOTE: Individual facility names, addresses, and telephone numbers can be obtained on our website (www.CCWV.org) or by calling (304) 924-6262.

Community Care of West Virginia
Values You as Our Patient, and We Remain Committed
to Earning and Protecting Your Trust.

If you do not understand any portion of the foregoing Notice of Privacy Practices, or if you need someone to read it to you, please ask for assistance. We want you to understand what your protected health information is, how your PHI may be used or disclosed, and your rights to access or control your PHI.



We thank you for being our patient, and we look forward to continuing to work with you to improve your health and overall wellbeing!