

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.

- 1) A patient's medical information may be shared with doctors, nurses, technicians, medical students, other facility personnel involved in their care, family members, friends, and caregivers as required.
- 2) A patient's medical information may be shared with third parties involved in the reimbursement such as insurance firms, billing firms, or family members involved in payment.
- 3) A patient's medical information may be utilized for treatment, payment, and health care operations.
 - a. **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers.
 - b. **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
 - c. **Health care operations** include the business aspects of running our center, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.
- 4) A patient's medical information may be utilized as part of the government's oversight of activities, including audits, investigations, licensures, and inspections required for compliance with government programs and laws.
- 5) A patient's medical information may be utilized for scheduling of procedures, treatment alternatives, fundraising activities, and research.
- 6) A patient's medical information may be shared as required by law with regard to court or administrative order, subpoena, discovery request, or other lawful process, when requested by national security, intelligence, and other federal officials, and/or when the patient is an inmate or under the custody of law enforcement.
- 7) A patient's medical information may be shared upon military command if the patient is serving in the military or are veterans.
- 8) A patient's medical information may be shared to prevent a serious threat to health and safety.
- 9) A patient's medical information may be shared with Worker's compensation representation.
- 10) A patient's medical information may be shared with local public health officials in the event of deaths, child abuse, neglect, domestic violence, problems with products, reactions to medications, product recalls, disease/infection exposure, and to prevent/ control disease, injury or disability.
- 11) Each patient has the right to copy and inspect their medical information.
- 12) Each patient has the right to amend medical information contained in their medical information.
- 13) Each patient has the right to receive an accounting of disclosures of their medical information.
- 14) Each patient has the right to request restrictions on the disclosure of their medical information.
- 15) Each patient has the right to request confidential communications regarding their medical information.
- 16) Each patient has the right to receive a paper copy of this notice upon request.
- 17) If a patient has paid for their healthcare treatment out-of-pocket and in full, and if the patient requests that we limit disclosure of information to a health plan for purposes of payment or healthcare operations, the Center will abide by that request.
- 18) This facility is responsible for reserving the right to make changes to this notice upon notification from HIPAA of changes to requirements and to post the effective date and posting location.
- 19) If you would like to submit a comment or complaint about privacy practices, you can do so by contacting the Center and requesting a privacy practices complaint form or letter outlining your concerns to the Privacy Officer at the Center. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. The privacy contact for the center can be reached at:

Privacy Officer: Jessica Larko, RN, BSN

Address: 44 West River Street Providence, RI 02906

Phone Number: (401) 274-4800 x280