



## NOTICE OF PRIVACY PRACTICES

**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.**

Scenic Bluffs Community Health Centers (SBCHC) is required by law to maintain the privacy of your health information. SBCHC is also required to provide you with a notice that describes SBCHC's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice.

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted at the location of service.

### **How Your Health Information May Be Used or Disclosed**

The following categories describe the ways that SBCHC may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples:

**Treatment.** We may use or disclose your health care information in the provision, coordination or management of your health care. Our communications to you may be by telephone, cell phone, e-mail, text, patient portal, or by mail. For example, we may use your information to call and remind you of an appointment or to refer your care to another physician. If another provider requests your health information and they are not providing care and treatment to you, we will request an authorization from you before providing your information.

**Payment.** We may use or disclose your health care information to obtain payment for your health care services. For example, we may use your information to send a bill for your health care services to your insurer. We may tell your health plan about a treatment you are going to receive to determine whether it will be covered.

**Health Care Operations.** We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you had your appointment. If the activities require disclosure outside of our health care organization, we will request your authorization before disclosing that information.

### **How Your Health Information May Be Used or Disclosed Without Your Written Authorization**

The following categories describe the ways that SBCHC may use and disclose your health information without your authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

1. **Required by Law.** We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.
2. **Public Health.** We may release your health information to local, state or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the

prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.

3. **Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
4. **Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, your authorization will be obtained before disclosure is permitted.
6. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances, we will request your authorization prior to permitting disclosure.
7. **Inmates.** We may disclose your health information to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under custody of law enforcement. The disclosure would be necessary:
  - a. For the institution to provide you with health care.
  - b. To protect your health and safety or that of others.
  - c. For the safety and security of the correctional institution.
8. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
9. **Cadaveric, Organ, Eye or Tissue Donation.** We may disclose your health information to organizations involved in procuring organs and tissues for transplantation.
10. **Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working to cure a heart disease or whether a certain treatment is working better than another.
11. **To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting public safety.
12. **Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.
13. **Workers' Compensation.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
14. **Health Information.** We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.

15. **Communication with Others.** If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:
  - a. To individuals involved in your care. We may release your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care.
  - b. To family. We may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death.
  - c. To disaster relief agencies. We may release your health information to an agency authorized by law to assist in disaster relief activities.
  
16. **Health Information Exchange.** We have several arrangements with health care organizations, who have agreed to work with each other, to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, this regional arrangement will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. We store health information about our patients in a joint electronic medical record with other health care providers who participate in this regional arrangement.
  
17. **Health Information Availability After Death.** SBCHC may use or disclose information without your authorization 50 years after the date of your death. If you wish to restrict such use and disclosure, please see “Request Restrictions on Certain Uses and Disclosures” below.

### **When SBCHC is Required to Obtain an Authorization to Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

### **SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2):**

- If we create or maintain records of your treatment or referral for a Substance Use Disorder (SUD) that are subject to 42 CFR Part 2, we will provide you with adequate notice of how those records may be used and disclosed, and of your rights and our legal duties with respect to those records.
- Part 2 generally imposes stricter limits on the use and disclosure of SUD records than HIPAA. Where Part 2 is more restrictive, we will follow Part 2.
- With your written consent, your SUD records may be used or disclosed for treatment, payment, and health care operations. A single written consent may authorize future uses and disclosures for these purposes, consistent with Part 2.
- SUD records, and testimony about their content, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you consent in writing, or a court orders the use or disclosure after you are given notice and an opportunity to be heard. Any court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the records may be used or disclosed.
- If we intend to use or disclose SUD records to contact you for fundraising for our benefit, we will first give you a clear and conspicuous opportunity to elect not to receive any fundraising communications.

## **NOTICE OF POTENTIAL REDISCLOSURE:**

Information disclosed by us to another party may be redisclosed by the recipient and may no longer be protected by the HIPAA Privacy Rule. However, SUD records protected by 42 CFR Part 2 may not be redisclosed by a recipient except as permitted by Part 2.

### **Your Health Information Rights**

1. **Inspect And Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto CD). If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format. For example, you may request a copy of your immunization record from your health care provider. This right of access does not apply to psychotherapy notes which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.
2. **Request To Correct Your Health Information.** You have a right to request that SBCHC amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your dental care is incorrect, you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing. You must also provide a reason for your request.
3. **Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or your payment or health care operation activities. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing and understand that we have to balance all legal requirements regarding such a request.
4. **Receive Confidential Communications Of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests. To request reasonable confidential communications, you must submit your request in writing.
5. **Receive A Record Of Disclosures Of Your Health Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made.

For example, you may request a list that indicates all the disclosures your health care provider has made from your health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. We must comply with your request for a list within 60 days, unless you agree

to a 30-day extension, and we may not charge you for the list, unless you request such a list more than once per year.

6. **Obtain A Paper Copy Of This Notice.** Upon your request, you may at any time receive a paper copy of this notice.
7. **Notified of a Breach.** SBCHC is required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.
8. **Complaint.** If you believe your privacy rights have been violated, you may file a complaint with SBCHC's Privacy Officer who will provide you with any needed assistance. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Office of Civil Rights, Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509A, HHH Building, Washington, D.C. 20201. There will be no retaliation against you in any way for filing a complaint.

When SBCHC uses or discloses health information, SBCHC must make reasonable efforts to limit the health information to the minimum necessary to accomplish the intended purpose of the legal use or disclosure. The minimum necessary standard does not apply to disclosures to: (a) health care providers for treatment; (b) disclosures made to the patient; (c) disclosures made pursuant to a legally compliant authorization; (d) disclosures made to DHHS; (e) disclosures required by law; and (f) disclosures required for compliance with HIPAA.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact SBCHC's Privacy Officer at (608) 654-5100.

**Effective Date of This Notice: 3/16/2026**