

Policy No: 1.2 Notice of Privacy Practices Effective Date: 12/01/16

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION. PLEASE REVIEW IT CAREFULLY. It addresses the privacy practices of FAMILY Circle of Care. FCC may share health information about you with each other, in electronic or paper form, as necessary to provide you with treatment or health care services, or for our joint health care operations, all of which are described in more detail in this notice.

FCC Is Required By Law To Maintain The Privacy Of Your Protected Health Information

FCC will protect the privacy of any information about health status, provision of health care, or payment for health care that can be linked to a specific individual. FCC will refer to such information as "Protected Health Information" or "PHI." FCC is giving you notice of its legal duties and privacy practices concerning PHI.

FCC is required to follow the procedures in this Notice. Furthermore, FCC shall reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that FCC may maintain by first:

- Posting the revised notice in our clinic locations;
- Making copies of the revised notice available upon request at all FCC locations or through the Privacy Officer's Office; and
- Posting the revised notice on our FCC site.

FCC May Use and Disclose PHI About You Without Your Authorization In The Following Circumstances

1. FCC may use and disclose PHI about you to provide health care treatment to you.

FCC may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, FCC may disclose PHI about you when you need a prescription, lab work, or other health care services. In addition, FCC may use and disclose PHI about you when referring you to another health care provider.



Policy No: 1.2 Notice of Privacy Practices Effective Date: 12/01/16

2. FCC may use and disclose PHI about you to obtain payment for services.

Generally, FCC may use and provide your medical information to other to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, FCC may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy.

3. FCC may use and disclose your PHI for health care operations.

FCC may use and disclose PHI in performing business activities, which FCC call "health care operations." These "health care operations" allow us to improve the quality of care FCC provide and reduce health care costs. For example, FCC may use or disclose PHI about you for "health care operations" if FCC Is conducting activities designed to improve health care and lower FCC costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. Or, FCC may use PHI to identify groups of people with similar health problems to give them information designed to improve their health.

FCC may use and disclose PHI under other circumstances without your authorization.

FCC may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required in a federal, state, or local judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, FCC may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect, or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, FCC may
 disclose PHI about you to a state or federal health oversight agency which is authorized
 by law to oversee our operations.
- When the disclosure is for law enforcement purposes. For example, FCC may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.



Policy No: 1.2 Notice of Privacy Practices Effective Date: 12/01/16

- When the use and/or disclosure relates to decedents. For example, FCC may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure relates to medical research.
- When the use and/or disclosure is to avert a serious threat to health or safety.
- When the use and/or disclosure relates to specialized government functions. For example, FCC may disclose PHI about you if it relates to military or national security activities.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, FCC may disclose PHI about you to a correctional institution having lawful custody of you.

5. You can object to certain uses and disclosures.

Unless you object, FCC may use or disclose PHI about you in the following circumstances:

 FCC may share with a family member, relative, friend, or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care.
 FCC may share with a family member, personal representative, or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.

6. FCC may contact you to provide appointment reminders.

FCC may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

7. FCC may contact you with information about treatment, services, treatment alternatives, products, or health care providers.

FCC may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. FCC may also communicate with you via newsletters, mailings, or other means regarding treatment options, health-related information, disease management programs, FCC illness programs, or other community-based initiatives or activities in which our facility is participating.



Policy No: 1.2 Notice of Privacy Practices Effective Date: 12/01/16

EXAMPLE: If you are diagnosed with diabetes, FCC may tell you about nutritional and other counseling services that may be of interest to you.

You Have Several Rights Regarding PHI About You

1. You have the right to request different ways to communicate with you.

You have the right to request how and where FCC may contact you about PHI. For example, you may request that FCC contact you at your work address or phone number or by email. Your request must be in writing. FCC must accommodate reasonable requests, but FCC may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.

2. You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request that FCC restrict the use and disclosure of PHI about you. However, FCC is not required to agree to your requested restrictions, and even if FCC agrees to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, and disclosures to the Secretary of the Department of Health and Human Services. You may request a Restricted Use of Information form from all front desk FCC locations.

3. You have the right to inspect and receive a copy PHI about you.

You have the right to request to inspect and receive a copy of PHI contained in clinical, billing, and other records used to make decisions about you, but this right does not include psychotherapy notes. Your request must be in writing. Instead of providing you with a full copy of the PHI, FCC may give you a summary or explanation. There are certain situations in which FCC is not required to comply with your request. Under these circumstances, FCC will respond to you in writing, stating why FCC will not grant your request and describing any rights you may have to request a review of our denial.



Policy No: 1.2 Notice of Privacy Practices Effective Date: 12/01/16

4. You have the right to request amendment of PHI about you.

You have the right to request that FCC make amendments to clinical, billing, and other records used to make decisions about you. Your request must be in writing, and must explain your reason(s) for the amendment. FCC may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; or 3) FCC believe the information is correct and complete. FCC will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If FCC accepts your request to amend the information, FCC will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

5. You have the right to a listing (accounting) of disclosures FCC has made.

You have the right to submit a written request for a list of certain of our disclosures of PHI about you for disclosures made up to six (6) years before your request. FCC is required to provide a listing of all disclosures except those that occurred for the following reasons:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Made to or requested by you, or that you authorized
- Allow FCC by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been



Policy No: 1.2 Notice of Privacy Practices Effective Date: 12/01/16

disclosed for certain types of research projects, the list may include different types of information.

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by asking the front desk staff or the Privacy Officer. FCC will provide a copy of this Notice no later than the date you first receive service from us (except for emergency service, and then FCC will provide the Notice to you as soon as possible).

Special Protections For Highly Confidential Information

Federal and state laws require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including any portion of your PHI that is: (1) kept in psychotherapy notes; (2) about alcohol and drug abuse prevention, treatment and referral; and (3) about HIV/AIDS testing, diagnosis or treatment. This information is not disclosed without your authorization except under limited circumstances.

You May File A Complaint About Our Privacy Practices

If you think your privacy rights have been violated by an FCC employee or healthcare facility, or you want to complain to us about our privacy practices, please contact:

Privacy Officer 523 S. Fannin Avenue Tyler, Texas 75702 903-606-6593

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, FCC will not take any action against you or change our treatment of you in any way. You have the right to or will receive notifications of breaches of your unsecured protected health information.