



Capstone Health Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities

This notice describes how medical information about you may be used and disclosed and how patients can get access to this information. A paper copy of this notice, even if you have agreed to receive the notice electronically, can be provided to you.

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| Get a copy of your medical record | You can ask to see or get an electronic or paper copy of your medical record. We will provide a copy or summary of your health information usually within 30 days of your request. You may be charged a reasonable, cost-based fee. |
| Request to correct your medical record | You can ask to correct health information about you that you think is incorrect or is complete. We may deny your request but will tell you a reason why within 60 days. |
| Request confidential communications and limit what we use or share | You can ask to be contacted a specific way or to send mail to a different address. We will agree to all reasonable requests. You can ask for certain health information for treatment, payment, or our operations not be shared. We are not required to agree to your request and may deny the request if it will affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for purpose of payment or our operations with your health insurer. We will agree unless the law requires us to share the information. |
| Get a list of those with whom we shared information | You can ask for a list (accounting of disclosures) of the times we've shared your health information, who we shared it with, and why. This list is for six years prior the date you ask. We will include all the disclosures except for those about treatment, payment, and health care operations such as any you asked us to make. We will provide one list a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| Choose someone to act for you | If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. |
| File a complaint if you feel your rights are violated | You can file a complaint if you feel we have violated your rights by contacting us or the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint. Capstone Health – Compliance Officer P.O. Box 169, Parrish, AL 35580 205-686-5113 www.capstoneclinic.org U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W., Washington, D.C. 20201 1-877-696- 6775 www.hhs.gov/ocr/privacy/hipaa/complaints/ |
| In these cases, you have both the right and choice to tell us to: | Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation Include your information in a hospital directory If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to prevent or lessen a serious and imminent threat to health or safety. |
| In these cases, we never share your information unless you give us written permission: | Marketing purposes Sale of your information Most sharing of psychotherapy notes |
| In the case of fundraising: | We may contact you for fundraising efforts, but you can tell us not to contact you again. |



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How do we typically use or share your health information?

We typically use or share your health information in the following ways.

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| Your treatment | We can use your health information and share it with other professionals who are treating you. | <i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i> |
| Our company operations | We can use and share your health information to run our practice, improve your care, and contact you when necessary. | <i>Example: We use health information about you to manage your treatment and services.</i> |
| Payment for your services | We can use and share your health information to bill and get payment from health plans or other entities. | <i>Example: We give information about you to your health insurance plan so it will pay for your services.</i> |

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to follow the law before we can share your information for these purposes.

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| Help with public health and safety issues | We can share health information about you for certain situations such as: <ul style="list-style-type: none">• Preventing disease• Helping with product recalls• Reporting adverse reactions to medications• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to anyone's health or safety |
| Do research | We can use or share your information for health research permitted by law. |
| Comply with the Law and respond to lawsuits and legal action | We can share your information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. We can share health information about you in response to a court or administrative order, or in response to a subpoena |
| Respond to organ and tissue donation requests | We can share health information about you with organizations for organ and tissue donations purposes. |
| Work with a medical examiner or funeral director | We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| Address workers' compensation, law enforcement, and other government requests | We can use or share health information about you: <ul style="list-style-type: none">• For workers' compensation claims• For law enforcement purposes or a law enforcement request• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services |

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available in our office and on our website (www.capstoneclinic.org)