



His Healing Hands

Privacy Notice

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.

All communications about this notice should be sent in writing to:

William E. Walker, CEO Pro Tem & Privacy Officer
His Healing Hands
3750 La Cruz Way, Suite A
Paso Robles, CA 93446
bwalker@hishealinghands.com

Your medical information is personal, and we at His Healing Hands are committed to protecting it. Your medical information is also very important to our ability to provide you with quality emergency care, and to comply with certain laws. This Notice describes the privacy practices we are required to follow for your medical information.

We are legally required to: Keep your medical information, also known as “protected health information” or “PHI”, private, to give you this Notice of our legal duties and privacy practices with respect to your PHI, and comply with this notice.

Changes to This Notice

We reserve the right to revise or change the terms of this Notice, and to apply those changes to your PHI. You have the right to be notified of any changes to this Notice and to receive a copy of those changes in writing. To obtain a current copy of this Notice go to our web site at <http://www.hishealinghands.com>.

How We May Use and Disclose Your PHI

For Treatment: We create a record of the treatment and services you receive from us or at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements.

Your treatment team may disclose your PHI to other doctors, therapists, nurses, students in training, or other personnel who are involved in taking care of you. Your treatment team may share your PHI in order to coordinate the different things you need, such as prescriptions, or blood pressure checks.

We may use and disclose your PHI to contact you with a reminder that you have an appointment for treatment. You have the right to tell us how you want to receive appointment reminders.

For Payment: We use and disclose your PHI in order to get paid for the treatment and services we have provided you. For example, insurance companies require that our bills include descriptions of the treatment and services we have provided you. We will only disclose the minimum necessary information to accomplish this purpose and will not divulge the entire contents of your file unless required.

For Health Care Operations: We may use and disclose your PHI to operate our facilities, and to meet certain state and federal regulations. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you.

Uses and Disclosure of PHI That Give You the Opportunity to Object

Unless you object, we may disclose your PHI to a friend or family member, your parent or any other person designated by you who is involved in your health care or payment for your health care. Your objection must be in writing. (A consent form will be provided to you for this purpose). We will not honor the objection in circumstances where doing so would expose you or someone else to danger, as determined by your treatment team.

In the event of a disaster we may disclose you PHI to a disaster relief agency such as the Red Cross, so that your family can be notified about your condition, status and location.

Other Uses and Disclosures That Do Not require Your Authorization

As Required by Law: We will disclose your PHI when required to do so by federal or state law.

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Other Uses of Your Protected Health Care Information

At every instance where His Healing Hands discloses your information we will use only the minimum necessary to accomplish that purpose. Each type of disclosure will be reviewed separately to determine what the minimum necessary is.

Your Rights Regarding Medical Information About You

Right to Inspect and Copy: With certain exceptions, you have the right to inspect and copy your PHI from our records. To inspect and copy your PHI you must submit a request in writing.

Right to Request an Amendment: If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, you must submit a request in writing. In addition, you must tell us the reason for the amendment. Your request will become part of your record.

We may deny your request if you ask us to amend information that was not created by us, or is part of the information which you were not permitted to inspect and copy, or is deemed accurate and complete by your treatment team.

Right to an Accounting of Disclosures: With the exception of disclosures that were made for our own uses for purposes of treatment, payment and health care operations, you have the right to request a list of the disclosures we have made of your PHI. To request this list, you must submit your request in writing.

Right to Request Restrictions: You have the right to request that we follow additional, special restrictions when using or disclosing your PHI. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment as determined by your doctor. To request restrictions, you must make your request in writing. In your request, you must tell us what information you want to limit, the type of limitation, and to whom you want the limitation to apply, for example, disclosures to your spouse. A form will be provided to you for this purpose.

Right to Request Confidential Communications: You have the right to request that we communicate with you about matters related to your receipt of our services in a specific way or at a specific location. For example, you can ask that we only contact you at work, or by mail. To request confidential communications, you must make your request in writing. A form will be provided to you for this purpose. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You may ask us for a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to receive a paper copy of this Notice. To obtain a paper copy of this Notice ask any staff person. You may also obtain a copy of this Notice at our website: <http://www.hishealinghands.com>.

Complaints:

All complaints must be submitted in writing. You will not be penalized in anyway for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Federal Government. To file a complaint with the Federal Government, contact:

**Office for Civil Rights
US Department of Health and Human Services
50 United Nations Plaza – Room 322
San Francisco, CA 94102
Attention: Ira Pollack, Regional Manager
Voice # (415) 437-8310;
Fax # (415) 437-8329;**