Notice of Privacy Practices
This notice describes how health information about you may be used and disclosed and how you can get access to this information.

If you have any questions about this notice, please contact the Facility Privacy Officer by dialing the main facility number. Each time you visit a hospital, physician or other healthcare provider, we record of your visit is made. Paying for care is not a condition to receive treatment. Your rights under this notice are not affected by your failure to pay for a service or treatment or your failure to pay for a service or treatment.

Our Responsibilities: We are required by law to maintain the privacy of your health information, to provide you with this notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

We may change our notice and the new notice will apply to all of your health information that we maintain. If we make a change to our notice, we may make the change prospectively or we may make the change retroactively. We will abide by the notice currently in effect when we disclose your health information.

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Under certain circumstances, we may use or disclose health information for research studies but only if they meet all federal and state regulations regarding the use of your health information.

We will not, however, use or disclose your health information about you in any other way without your written authorization except as described in this Notice of Privacy Practices (or as required by law).

You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Facility Privacy Official.

If the facility has already used or viewed a copy of the notice of the Privacy Practices in the past, you are not required to repeat the exercise of your rights described in this notice. The notice of the Privacy Practices may be revised in the future. If you feel any of your rights are violated, please call the facility’s Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Change to Notice of Privacy Practices: We reserve the right to change this notice and to make the new notice effective for any health information we create or receive in the future. We will post a copy of the current notice in the facility and on our website and include the effective date. In addition, each time we make a change to this notice, we will provide you with a current copy of this notice so that you can keep a copy for your records.

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Use and Disclosure of Health Information
We use or disclose health information about you to carry out activities necessary to provide you with health care services. We use or disclose health information about you only if we need it to give you the health care you need. We use or disclose health information about you only if we need it to give you the health care you need. We use or disclose health information about you only if we need it to give you the health care you need.

Uses and Disclosures of Health Information
The following categories describe some of the types of uses or disclosures we may make of health information about you.

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The following categories describe some of the types of uses or disclosures we may make of health information about you. In general, we will only make disclosures about you to fulfill your requests to protect your privacy (such as only use identified data where possible). You may also be asked to disclose health information about you to researchers.

Facility Privacy Official Telephone Number:
020-18-30-180

Usage Requirements
We may disclose protected health information as permitted by law and as required by your authorization.

Usage Requirements
We may disclose protected health information as permitted by law and as required by your authorization. We may disclose protected health information for purposes of public health surveillance and for law enforcement purposes. We may disclose protected health information for purposes of public health surveillance and for law enforcement purposes. We may disclose protected health information for purposes of public health surveillance and for law enforcement purposes.

Footnote: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

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To remind you that you have an appointment for medical care;

To assess your satisfaction with our services;

To a Medicaid eligibility database and the Children’s Health Insurance Program eligibility database, as applicable;

To comply with certain laws, rules and regulations.

To the states that apply to us.

We may disclose health information about you to a person or persons able to prevent or lessen a serious threat to health or safety.

How We Use and Disclose Health Information
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We may disclose health information about you to your employer or another payer that pays for your care or to notify or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person you name who is appointed by you or otherwise appointed by law to act on your behalf in emergencies.

Providers involved in your Care or Payment for your Care and/or Notification Purposes: We may release health information about you to your family members or personal representatives or to another person you name who is appointed by you or otherwise appointed by law to act on your behalf in emergencies. Your family members or personal representatives are entitled to see and obtain information about your treatment and services from persons involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we disclose health information about you to a family member or friend. If you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. The notice of the Privacy Practices may be revised in the future. If you feel any of your rights are violated, please call the facility’s Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Effective Date: September 23, 2013

If you have any questions about this notice, please contact the Facility Privacy Officer by dialing the main facility number. Each time you visit a hospital, physician or other healthcare provider, we record of your visit is made. Paying for care is not a condition to receive treatment. Your rights under this notice are not affected by your failure to pay for a service or treatment or your failure to pay for a service or treatment.

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Others use of information: Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide permission to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke an authorization, we may no longer disclose your protected health information for the reason that you have revoked the authorization. However, we may disclose health information about you that we received before the effective date of your revocation.

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