



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

During your treatment at Quality Health Clinic, our caregivers may gather information about your medical history and current health. This Notice of Privacy Practices explains how that information may be used and shared with others. It also explains your privacy rights regarding this information.

Quality Health Clinic is required by law to abide by the terms of this notice, to make sure that information that identifies you is kept private, and to give you this Notice of our legal duties and practices with respect to medical information about you.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:

1. Quality Health Clinic may use or disclose health information to carry out treatment, payment and healthcare operations:
 - Treatment is the provision, coordination or management of healthcare. For example, we may use and disclose your information to consult with a third party or to refer you to other healthcare providers. We will get your written consent prior to making disclosures outside Quality Health Clinic for treatment purposes, except in emergencies.
 - Payment includes the activities necessary to obtain reimbursement for the provision of healthcare. For example, we may need to give your health plan information about treatment you received at Quality Health Clinic so your health plan will pay us or reimburse you for the treatment.
 - Healthcare operations including the activities necessary for Quality Health Clinic to run its business operations include the activities necessary for Quality Health Clinic to run its business operations. For example, we may use your information to review treatment and services and to evaluate the performance of our staff.
2. We may use or disclose your health information:
 - When required by federal, state or local law.
 - To support public health activities by reporting as required or authorized by state or federal law. These reports may include the reporting of exposure to a communicable disease or risk of spreading a disease or condition.

- To cooperate with law enforcement officials for certain law enforcement purposes as directed by a court order, warrant, criminal subpoena, or other lawful process.
 - To report abuse or neglect.
 - To support health oversight activities that are authorized by law, such as administrative or criminal investigations, inspections, licensure or disciplinary actions and other similar activities necessary for appropriate oversight of government benefit programs or functions. When required by a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as required by law.
 - When necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, as consistent with applicable law and standards.
 - For judicial or administrative proceedings, in a response to a valid court order, a grand jury subpoena, or with your written consent.
 - For research purposes, with your written authorization or as permitted by state law.
 - To business associates to perform functions on Quality Health Clinic's behalf, if the business associate has signed an agreement to protect the confidentiality of the information.
3. We may disclose your health information to a family member, other relatives, a close friend or any other person you identify if the information relates to that person's involvement in your healthcare, if you consent to such a disclosure.
 4. In other situations, your written authorization will be obtained before Quality Health Clinic will use or disclose your health information to third parties outside Quality Health Clinic.
 5. State and federal laws may be more stringent and prohibit certain uses and disclosures identified above. When another law is more stringent than the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we will follow the more stringent requirements. For example, our state laws require additional protection for records related to mental health treatment, drug and alcohol treatment, and HIV-related information.

PATIENT RIGHTS

1. You may request Quality Health Clinic to restrict uses and disclosures of your health information. However, Quality Health Clinic is not required to agree to the requested restriction. These requests should be made to the address on page 4. Requests may be made in writing. In your request, you must tell us: a) what information you want to limit; b) whether you want to limit Quality Health Clinic's use, disclosure, or

both; and c) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.

2. You have the right to request confidential communications by alternative means or at alternative locations. For example, you may request that we communicate with you only by mail. We will accommodate all reasonable requests, but your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled. You must request confidential communications in writing.
3. You have the right to inspect and obtain a copy of your health information that is used to make decisions about your care for as long as Quality Health Clinic maintains the information. This right does not apply to certain health information, including information compiled in reasonable anticipation of or for litigation and other information not subject to the right to access information under state law and HIPAA. Requests for access to health information should be made in writing to Quality Health Clinic. If access is denied, you will be provided a written explanation that sets forth the basis for the denial, a description of how you may review those rights and a description of how you may complain.
4. You have the right to request that Quality Health Clinic amend your health information if it is incorrect or incomplete. Requests for amendment of information should be made in writing to Quality Health Clinic, and you must provide a reason that supports your request to have the information amended. Quality Health Clinic may deny your request for an amendment if the request is not in writing and submitted to the Office Manager at the location noted on page 4.
5. In addition, we may deny your request if you ask us to amend information that: a) was not created by Quality Health Clinic; b) is not part of the medical information kept by Quality Health Clinic; c) is not part of the information you would be permitted to inspect and copy; or d) is accurate and complete.
6. At your request, Quality Health Clinic will provide you with an accounting of disclosures by Quality Health Clinic of your health information. However, such accounting will not include disclosures made: a) to carry out treatment, payment or healthcare operations; b) directly to you or your personal representatives; c) prior to the effective date of his notice; or d) based on your written authorization. Requests for a request of an accounting of disclosures should be made in writing to the address on page 4. You may exercise your rights through a personal representative as permitted or required by applicable law. Your personal representative may be required to produce evidence of authority to act on your behalf before that person will be given access to your information or allowed to take any action for you.
7. If you believe your privacy rights have been violated, you may complain to Quality Health Clinic and/or you may file a complaint with the Secretary of the US Department of Health and Human Services. Quality Health Clinic will not retaliate against you for filing a complaint.

QUALITY HEALTH CLINIC DUTIES

This notice is effective beginning February 12th, 2018. However, Quality Health Clinic reserves the right to change its privacy practices and this notice, and to apply the changes to any health information received or maintained by Quality Health Clinic prior to the date of the changes. If the terms of this notice are changed, a revised version will be available upon request and will be posted in a clear and prominent location in the clinic. You may also access this notice at any time by visiting our website at: www.qualityhealthclinic.com

Complaints, Questions, and Requests

You may direct your questions about this Notice of Privacy Practices, or other privacy or confidentiality concerns to:

Quality Health Clinic, PLLC
2001 Broadway Avenue
Yankton, SD 57078

You may also direct complaints regarding this Notice of Privacy Practices, or other privacy or confidentiality concerns to the Office of Civil Rights, US Department of Health and Human Services.

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