



# Notice of Privacy Practices

## Your Rights

When it comes to your protected health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Right to access.** You may request access to your health information. We will provide a copy or a summary of your health information, usually within 30 days of your request.

**Right to correct your medical record.** You have the right to request an amendment to your medical record. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Right to receive confidential communication.** You have the right to request that Krohn Clinic communicate your health information to you by alternative means or at alternative locations. Krohn Clinic will accommodate reasonable requests. For example, you may request to be contacted at a phone number that is different from the phone number listed in your health care record.

**Right to request restrictions.** You can ask us not to use or share certain protected health information for treatment, payment, or our operations. We are not required to agree to your request, unless that restriction is regarding disclosure of health of information to your health insurance company and (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you paid in full. If we agree to your requested restriction, we will comply with your request unless the information is needed to provide emergency treatment.

**Right to an accounting of disclosures.** You can ask for a list (accounting) of the times we’ve shared your protected health information, who we shared it with, and why for six years prior to the date you ask.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Right to 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 protected health information. We will make sure the person has this authority and can act for you before we take any action.

## Your Choices

**For certain protected health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your protected health information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions. In these cases, you have both the right and choice to tell us to share protected health information with your family, close friends, or others involved in your care.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information, to the extent permitted by law.

## Health Information Uses and Disclosures

We may use or share your health information the following ways:

### Treatment

We may use or disclose protected health information to provide you with medical treatment or services and, to the extent permitted by applicable law, share it with other professionals who are also treating you.

**Health Information Exchange**

We use an electronic health care information exchange to facilitate access to health and/or mental health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, the health information exchange will allow us to make your medical information available to those who need it to treat you at the hospital. When it is needed, ready access to your physical health and/or mental health information means better care for you. You have the right to opt-out of the health information exchange by contacting our Privacy Officer.

**Healthcare Operations**

Krohn Clinic may use or disclose your health and/or mental health information for evaluation of patient care services, evaluating the performance of health care providers, activities relating to compliance with the law and business planning and development. These uses and disclosures are necessary to run the clinic and make sure that all of our patients receive quality care.

**Payment**

We can use and share your protected health information to bill and obtain payment from health plans or other entities. Your health insurance company may use your health information to determine whether you are eligible, or have coverage for, certain services and/or insurance benefits.

**Business Associates**

We may also disclose your health information to "business associates" that perform various services on our behalf, such as billing and collection services. In these cases, we will enter into a business associate agreement to ensure they protect the privacy of your health information.

**How else can we use or share your health information?**

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

**Helping with public health and safety issues.** We can share protected health information about you for certain situations such as:

- Preventing or controlling disease and managing epidemics.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting of events that we are required or permitted to report.
- Preventing or reducing a serious threat to anyone's health or safety.

**Conducting research.** Under certain circumstances, we can use or share your protected health information for clinical or medical research.

**Complying with the law.** We will share protected health information about you if state or federal laws require it, including with the Department of Health and Human Services (HHS), if HHS wants to see that we're complying with federal privacy law.

**Responding to organ and tissue donation requests.** We can share protected health information about you with organ procurement organizations.

**Working with a medical examiner or funeral director.** We can share protected health information with a coroner, medical examiner, or funeral director when an individual dies.

**Addressing workers' compensation, law enforcement, and other government requests.** We can use or share protected health information about you:

- for workers' compensation claims.
- for specific instances, we may share with law enforcement officials.
- with health oversight agencies for activities authorized by law.
- for special government functions such as military, national security, and presidential protective services.

**Responding to lawsuits and legal actions.** We can share protected health information about you in response to a court or administrative order, discovery request or in response to a subpoena.

**You have the right to file a complaint for alleged violations.** If you believe your privacy rights have been violated, you can file a complaint with Krohn Clinic Privacy Officer at 715 284-1880 or with the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

You can ask for a paper copy of this privacy notice at any time. This notice is also available electronically on our website at <https://krohnclinic.com>

**Effective Date of this Notice: September 1, 2023**