



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. This policy also describes how the Ogden Clinic may use other information about you.

I. Who We Are

This Notice describes the privacy practices of the Ogden Clinic, their employees (including providers, nurses, and technicians), and other individuals who work at the Ogden Clinic. It also refers to clinics, provider offices, and other Ogden Clinic facilities.

II. Our Privacy Obligations

Certain laws require the Ogden Clinic to maintain the privacy of medical and health information about you ("Protected Health Information") and to provide you with the Notice of our legal duties and privacy practices with respect to Protected Health Information. When we use or disclose Protected Health Information, we are required to abide by the terms of this Notice (or another notice in effect at the time of the use or disclosure.)

III. Uses and Disclosures with Your Consent or Your Authorization

Use and Disclosure With Your Consent. As a condition of treatment, except in an emergency or other special circumstances, we will ask you to read and sign a written consent ("Your Consent") to our use and disclosure of Protected Health Information for purposes of treatment provided to you, obtaining payment for services provided to you, and for our health care operations (e.g., internal administration, quality improvement, and customer service), as detailed below:

Treatment. We use and disclose Protected Health Information to provide treatment and other services to you - for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Payment. We may use and disclose Protected Health Information to obtain payment for services that we provide to you. For example, we may use or disclose Protected Health Information to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("Your Payor"), and to verify your payer will pay for healthcare. You have the ability to control certain disclosures of your health information to health plans for payment or healthcare operations for specific items and services. You must, however, pay for that item or service out of pocket and in full. If your payment is dishonored, Ogden Clinic will make all reasonable efforts to contact the patient for payment. In the event that we are not able to obtain payment, we reserve the right to bill eligible health plans.

Use or Disclosure with Your Authorization. As described above, Your Consent only permits us to use Protected Health Information for purposes of treatment, payment, and our health care operations. We may use or disclose Protected Health Information for any reason other than treatment, payment, and health care operations only when (1) you give us your authorization on our authorization form (“Your Authorization”) or (2) there is an exception described in Section IV below.

IV. Uses and Disclosures Without Your Consent or Your Authorization

Use or Disclosure For Treatment, Payment, and Health Care Operations Without Your Consent or Your Authorization. The Ogden Clinic may use or disclose Protected Health Information for purposes of treatment, obtaining payment, and our health care operations without Your Consent or Your Authorization under the following three circumstances: (1) when you require emergency treatment; (2) when we are required by law to treat you and we attempt to obtain Your Consent, but we are unable to obtain it; and (3) when we attempt to obtain Your Consent but are unable to obtain it due to substantial barriers to communicating with you (e.g. you are unconscious or otherwise incapacitated) and we reasonably infer that you would have consented in the absence of the barriers.

Disclosure to Relatives and Close Friends. When you are present in an Ogden Clinic facility and are capable of communicating, we may use or disclose Protected Health Information to a family member, other relative, a close personal friend, or to any other person identified by you, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative, or a close personal friend, we would disclose only information that is directly relevant to the person’s involvement with your health care.

Marketing Communications. We may use or disclose Protected Health Information to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

Public Health Activities. We may disclose Protected Health Information for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability, as required by law and public health concerns; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victims of Abuse, Neglect, or Domestic Violence. We may disclose Protected Health Information without Your Consent or Authorization to a government authority, including a social service or protective services agency, authorized by law to receive reports of such

abuse, neglect, or domestic violence, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose Protected Health Information to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare and Medicaid.

Judicial and Administrative Proceedings. We may disclose Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. We may disclose Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order.

Health or Safety. We may disclose Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Specialized Government Functions. We may disclose Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State.

Decedents. We may disclose Protected Health Information to a coroner or medical examiner as authorized by law.

Clinical Studies. We may use or disclose Protected Health Information without Your Consent or Authorization for purposes such as those preparatory to research and the creation of a research database. If deemed necessary by our Research manager or the Privacy Officer, we may require approval of a waiver of authorization for disclosure to be reviewed by the IRB (Institutional Review Board) associated with the study.

Workers' Compensation. We may disclose Protected Health Information as necessary to comply with workers' compensation laws.

V. Your Individual Rights

For Further Information or Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to Protected Health Information, you may contact our Privacy Office. You may also file written complaints with the Director of the Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with the Director or us.

As a patient, you have the right to:

Request Additional Restrictions. You may request restrictions on our use and disclosure of Protected Health Information (1) for treatment, payment, and health care operations, (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and

general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.

Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive Protected Health Information by alternative means of communication or at alternative locations.

Inspect and Copy Your Health Information. You may request access to your medical record file, as well as your payment, claims adjudication, case, medical management records, and your billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you request a copy or copies of your record, you will be charged a cost-based fee for each copy.

Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file, payment, claims adjudication, case, medical management records, or billing records. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Receive Paper Copy of This Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

Effective Date. This Notice describes the privacy policy of the Ogden Clinic that will become effective on or before April 14, 2003, the date that federal law specifies for these protections of Protected Health Information. Prior to the effective date, the Ogden Clinic will continue to protect your Protected Health Information as required by other applicable laws, regulations, and policies.

Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around the Ogden Clinic facilities, and on our Internet site at www.ogdenclinic.com. You also may obtain any new Notice by contacting the Privacy Office.

VII. Privacy Office

You may contact the Privacy Office at:
Chief Operating Officer
Ogden Clinic
4650 Harrison Blvd.
Ogden, Utah 84403
(801) 475-3420
E-mail: privacy@ogdenclinic.com