

## NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.***

***PLEASE REVIEW IT CAREFULLY.***

### WHAT DOES THIS NOTICE COVER?

- > Information about your health condition, healthcare treatment, or payment for healthcare treatment **that could reasonably identify who you are;**
- > Information in the possession of Community Outreach Medical Center. This applies to all personnel, volunteers, contractors, trainees or anyone working at Community Outreach Medical Center who might have access to your health information.

### HOW COMMUNITY OUTREACH MEDICAL CENTER WILL USE YOUR HEALTH INFORMATION

Community Outreach Medical Center is permitted to use or to disclose to others outside Community Outreach Medical Center, your health information without permission from you for basic types of activities and a number of specific situations or circumstances. They are described below:

- ***Treatment*** – We are permitted to use your health information or disclose it to others outside Community Outreach Medical Center in order to provide proper medical care to you.
- ***Payment*** – We are permitted to use your health information or disclose it to others outside Community Outreach Medical Center in order to submit bills for the services you receive.
- ***Health care operations*** – We are also permitted to use your health information or disclose it to others outside Community Outreach Medical Center in order to run the program and ensure high quality services.
- ***Appointment Reminders*** – We may use or disclose your health information to send you reminders that you have an appointment for treatment.
- ***Health-Related Benefits and Services*** – We may use or disclose your health information to tell you about health-related benefits or services that may be of interest to you.
- ***Fundraising Activities*** – We may use or disclose your health information to contact you for fundraising activities for Community Outreach Medical Center, by Community Outreach Medical Center, or on our behalf by others.
- ***Participant Directory*** – We may include certain limited information about you in the agency’s participant directory while you are a participant at the agency such as your name, program of the agency and your religious affiliation.
- ***Individuals Involved in Your Care or Payment for Your Care*** – We may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- ***Research*** – Under certain circumstances, we may use and disclose your health information for research purposes.
- ***As Required By Law*** – We will disclose your information when required by law.

- ***To Avoid a Serious Threat to Health or Safety*** – We may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- ***Organ and Tissue Donation*** – If you are an organ donor and/or recipient, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to support the process.
- ***Workers' Compensation*** -We may release medical information about you for workers' compensation or similar programs.
- ***Public Health Risks*** - We may disclose medical information about you to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recall of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and/or to notify the appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence.
- ***Military and Veterans*** – If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- ***Health Oversight Activities*** - We may disclose medical information to a health oversight agency for activities authorized by law.
- ***Lawsuits and Disputes*** - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ***Law Enforcement*** - We may release medical information if asked to do so by a law enforcement official in response to court order, subpoena, warrant summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing persons; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the clinic; and, in emergency circumstance to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- ***Coroners, Medical Examiners and Funeral Directors*** - We may release medical information to a coroner or medical examiner.
- ***National Security and Intelligence Activities*** - We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ***Protective Services for the President and Others*** - We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- ***Inmate*** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement officials.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

- ***Authorization to Use Your Information*** – In order for us to use or disclose your information, other than as described above, we will need to obtain your written authorization which you may revoke at any time to stop any future uses and disclosures.
- ***Right to Have Access to Your Information*** – You have the right to review and photocopy and/all portions of your healthcare information except for: psychotherapy notes, information that may be used in a civil, criminal or administrative action, or where prohibited by law.
- ***Right to Amend Your Information*** – You have the right to make changes to your healthcare information.
- ***Right to Request Confidential Information be Provided in a Certain Way*** – You may request that when we send your information to you, we do so in a specific way that is convenient for you.
- ***Right to Restrict Your Information***: You have the right to restrict the use of your confidential healthcare information. However, the organization may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency.
- ***Right to an Accounting of Our Disclosures of Your Information*** – You have the right to know who has accessed your confidential healthcare information and for what purpose.
- ***Right to a Paper Copy of This Notice*** - You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.

## **COMC'S DUTIES REGARDING YOUR HEALTH INFORMATION**

We are required to protect the privacy of your information, establish Policies and Procedures that do so, provide this Notice about our privacy practices, and to follow the practices described in this Notice. We reserve the right to change our Policies and Procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice and post the new Notice in waiting rooms and registration areas. You can request a written copy of the most recent version of this Notice at any time. Community Outreach Medical Center may deny you access to your protected health information if a licensed health care provider determines that releasing it could endanger you or someone else; your protected health information refers to a third party and releasing it could harm that person; or providing access to a personal representative could harm you or another person.

## **HOW TO MAKE A COMPLAINT ABOUT HOW YOUR INFORMATION IS USED**

If you believe we have not properly protected your privacy, violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may contact the Community Outreach Medical Center Privacy Officer in writing within 90 days of this discovery. You also may send a written complaint to the U.S. Department of Health and Human Services within 180 days of discovery. The Community Outreach Medical Center Privacy Officer can provide you with the appropriate address upon request. You will not be penalized for filing a complaint. To act on any of the information provided in this Notice or for more information about our privacy practices, you may contact the Community Outreach Medical Center Privacy Officer: Phone: (702) 657-3873; Fax: (702) 636-0787; and mail: Community Outreach Medical Center Privacy Officer, 1090 E. Desert Inn Rd. Suite 200, Las Vegas, NV 89109.

**THE EFFECTIVE DATE OF THIS NOTICE:** This Notice was issued on January 1, 2021.

**ACKNOWLEDGMENT OF  
 NOTICE OF PRIVACY PRACTICES**

**Our Notice of Privacy Practices explains how we may use and disclose protected health information about you. As provided in our Notice, the terms of our Notice may change. Copies of our Notice will always be available at our office and will reflect any updates we make to our Notice in the future. Please sign and date below to indicate that you have received a copy of the Community Outreach Medical Center Notice of Privacy Practices and an explanation of what it contains.**

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Printed Name

**Please circle:**

**Participant      Parent      Legal Guardian      Personal Representative      Agency**

**Other** \_\_\_\_\_

**The following is to be completed by Community Outreach Medical Center personnel:**

Please check the applicable box:

- The Notice of Privacy Practices was offered and accepted by the participant and the participant signed this Acknowledgment.
- The Notice of Privacy Practices was offered and accepted by the participant and the participant refused to sign this Acknowledgment.
- The Notice of Privacy Practices was offered and refused by the participant and the participant agreed to sign this Acknowledgment.
- The Notice of Privacy Practices was offered to and refused by the participant and the participant refused to sign this Acknowledgment.

Staff Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_