

Banyan Community Health Center, Inc.

Banyan Community Health Center, Inc. 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 revise carefully.

- 1) **Authorized Disclosure of Information:** Federal law allows **Banyan Community Health Center** (clinic) to disclose information regarding the personal health record of each patient to carry out coordination of treatment, payment and medical assistance to outside entities and providers involved or referred to for medical care. For purposes of treatment, such disclosures can be made to doctors and other providers of healthcare as needed to carry out the appropriate treatment and care of the patient. Personal health information may be disclosed to agents of the Government or other payers in order to obtain payment for services provided.

Banyan Community Health Center may also use personal health information to carry out day to day operations such as scheduling, notices of review and quality control. A list of other examples of discovery can be obtained from the Privacy Officer.

- 2) **Required authorizations:** **Banyan Community Health Center** does not reveal any patient information including any personal health information for any purpose other than treatment, payment or health care operations without the consent of the patient. The patient will have right to refuse or revoke any discovery of patient's personal health information.
- 3) **Compliance with privacy:** As with privacy regulations promulgated under the portability and accountability of the Health Insurance Act, act. 45, parts 160 and 164 CFR (privacy regulations), **Banyan Community Health Center** has adopted privacy policies with respect to the use of the patients' personal health information. **Banyan Community Health Center** is committed to compliance with privacy regulations and other laws and regulations in the field of right to privacy of the patients.
- 4) **Additional information:** for more information about the privacy policy of **Banyan Community Health Center** or for a copy of this Notice, please contact our Privacy Officer, Donald Sinclair, at (305) 398-6147.

Banyan Community Health Center reserves the right to change this Notice and make the effective revised and amended Notice for information medical Banyan Community Health Center already has about you as well as any information received in the future.

A copy of the current Notice will be posted at Banyan **Community Health Center**. The Notice will contain the effective date.

Banyan Community Health Center, Inc.

Acknowledgement of Receipt of Notice of Privacy Practices

The following signature recognizes that I received copy of the BCHC Notice of Privacy Practices. This Notice explains to me how my health information may be used and disclosed and how I may get access to my health information.

_____ / _____
Name: (Print name) Signature Date

Relationship (if not signed by patient): _____

I wish to place the following restrictions on disclosure of my health information:

Internal Use Only
If patient or patient's representative refuses to sign acknowledgment, please
Document date and time notice was presented and sign below.

Presented on (date and time): _____

By (name and title): _____
