

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

This notice was published and effective on April 14, 2003. It was updated on September 23, 2013.



NOTICE of Privacy Practices



JCMG

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Our Commitment to your Privacy

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligation concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. JCMG will post a copy of our current "Notice of Privacy Practices" in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time. The full Notice of Privacy Practices is available on our website at www.jcmg.org.

You may ask for a copy of this notice at any time or read online at www.jcmg.org.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

1. Treatment
2. Payment
3. Health Care Operations
4. Appointment Reminders
5. Treatment Options
6. Information about Health-Related Benefits and Services
7. Release of Information to designated Family/Friends as necessary for your care
8. Disclosures Required By Law
9. Region-wide Health Information Exchange

YOUR RIGHTS REGARDING YOUR PHI

1. Confidential Communications
2. Requesting Restrictions
3. Inspection and Copies
4. Amendment to Your Medical Record
5. Accounting of Disclosures
6. Right to a Paper Copy of This Notice
7. Right to File a Complaint
8. Right to Provide an Authorization for Other Uses and Disclosures



USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

1. Public Health Risks
2. Health Oversight Activities
3. Lawsuits and Similar Proceedings.
4. Law Enforcement
5. Deceased Patients
6. Organ and Tissue Donation
7. Research
8. Serious Threats to Health or Safety
9. Military
10. National Security
11. To Correctional Institutions, if a Prison Inmate
12. Workers' Compensation

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