

**JEFFERSON CITY MEDICAL GROUP, P.C.**  
**JEFFERSON CITY, MISSOURI**

**Notice of Privacy Practices**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice was published and effective April 14, 2003. It was updated on July 22, 2019.

**1. 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.**

**A. 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 at the time.

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. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

**B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

JCMG Privacy Officer  
1241 West Stadium Blvd, Jefferson City, MO 65109  
Phone: (573) 635-JCMG (5264)

**C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:**

The following categories describe the different ways in which we may use and disclose your PHI.

1. **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice—including, but not limited to, our doctors and nurses—may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents or designated guardian.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. Every effort will be made to insure anonymity.
4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment or medical care.
5. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Health Information Exchange (HIE).** JCMG participates in a Health Information Exchange (HIE). The HIE facilitates the transmission of your PHI among providers, health plans, or other organizational members of the HIE that are involved in the treatment or payment of your care. The HIE stores your data in a secured repository for members. The health care professionals that access your PHI have established a treatment relationship with you. For health care providers to provide the most comprehensive care for patients, the HIE connects with other HIEs and Health Networks that may store and contain your PHI.

The HIE includes all health information obtained during your care at JCMG. Patient

health information such as illnesses or injuries that you may have, your medical history (including hospitalizations), test results (like x-rays or blood tests), immunizations, and medication you are taking or have taken. Also included are diagnosis (diabetes, HIV/AIDS, sexually transmitted diseases) genetic testing, mental and behavioral health treatment records, and drug and alcohol treatment notes.

As our patient, your health information is automatically available in HIE. If you do not wish to have your information shared in the HIE, you must opt-out of the HIE in writing by requesting, completing, and signing a form available at any registration area. The HIE may also provide critical information about you for other lawful purposes, such as educating providers about who manages the care of others like you.

If you do not wish to participate in the HIE, contact JCMG Medical Records, 1241 West Stadium Blvd, Jefferson City, MO 65109; (573) 635-JCMG (5264)

7. **Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits and services that may be of interest to you.
8. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby-sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby-sitter may have access to this child's medical information with your written consent.
9. **Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.

#### **D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your Protected Health Information.

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - a. Maintaining vital records, such as births and deaths
  - b. Reporting child abuse or neglect
  - c. Preventing or controlling disease, injury, or disability
  - d. Notifying a person regarding potential exposure to a communicable disease
  - e. Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - f. Reporting reactions to drugs or problems with products or devices
  - g. Notifying individuals if a product or device they may be using has been recalled or withdrawn, needs repairs or replacement

- h. Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - i. Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
- 2. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, or if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
  - a. Regarding a crime victim in certain situations if we are unable to obtain the person’s agreement.
  - b. Concerning a death we believe has resulted from criminal conduct
  - c. Regarding criminal conduct at our offices
  - d. In response to a warrant, summons, court order, subpoena, or similar legal process
  - e. To identify/locate a suspect, material witness, fugitive, or missing person.
  - f. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator)
- 5. **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- 6. **Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
- 7. **Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an

Institutional Review Board or a Privacy Board; (b) we obtain the written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

8. **Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent or lessen the threat.
9. **Military.** Our practice may disclose your PHI if you are a member of the U.S. Armed Forces, a veteran, or a member of foreign military forces for activities deemed necessary by appropriate military command authorities, including the Department of Veteran's Affairs for the purpose of your eligibility for or entitlement to certain benefits provided by law.
10. **National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
11. **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you (b) for the health, safety and security of the institution, and its officers and employees and/or (c) to protect your health and safety or the health and safety of other individuals.
12. **Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs to the extent necessary to comply with applicable laws.
13. **Fundraising Activities.** We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

#### E. **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must contact JCMG Medical Records, 1241 West Stadium Blvd, Jefferson City, MO 65109; (573) 635-JCMG (5264) to make an appointment to complete the form. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to JCMG Medical Records; 1241 West Stadium Blvd, Jefferson City, MO 65109; (573) 635-5264. Your request must describe in a clear and concise fashion:
  - a. the information you wish restricted;
  - b. whether you are requesting to limit our practice's use, disclosure, or both; and
  - c. to whom you want the limits to apply.
3. **Restrict Release Of Information For Certain Services.** You have the right to restrict the disclosure of information regarding services for which you have paid for in full and out of pocket. This information can be released only upon your written authorization.
4. **Breach Notification.** You have the right to be notified of any breach of your unsecured healthcare information.
5. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. However, you may not obtain psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative action or proceeding. You must submit your request in writing to JCMG Electronic Health Records, 1241 West Stadium Blvd, Jefferson City, MO 65109; (573) 635-JCMG in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
6. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. To request an amendment, your request and reason

for the request must be made in writing and submitted to JCMG Electronic Health Records, 1241 West Stadium Blvd, Jefferson City, MO 65109; (573) 635-5264. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) was not created by our practice, unless the individual or entity that created the information is not available to amend the information.

7. **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to JCMG Electronic Health Records, 1241 West Stadium Blvd, Jefferson City, MO 65109; (573) 635-5264. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date the “accounting of disclosures” is requested and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
8. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact JCMG Administration, 1241 West Stadium Blvd, Jefferson City, MO 65109; (573) 635-5264.
9. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint with our practice, contact JCMG Privacy Officer, 1241 West Stadium Blvd, Jefferson City, MO 65109; (573) 635-JCMG (5264).
10. **Right to Provide an Authorization for Other Uses and Disclosures.** Other Permitted and Required Uses and Disclosures not set forth in this Notice will be made only with your written consent, authorization or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your PHI for marketing purposes. We may not sell your PHI without your written authorization. We may not use or disclose most psychotherapy notes contained in your PHI without your authorization. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we

will no longer use or disclose your PHI for the reasons described in the authorization.  
We are required to retain records of your care.

If you have any questions regarding this notice or our health information privacy policies, please contact JCMG Privacy Officer, 1241 West Stadium Blvd, Jefferson City, MO 65109; (573) 635-5264.