MY CHOICE
MEDICAL CLINIC

PRIVACY PRACTICES DISCLOSURE

Privacy Officer Name and Contact Information: Sara Gandolfi,RN
sara@mychoicemedicalclinic.com
877-223-7558
Effective Date of Notice: 8/1/2024
Your Information. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

At your Request:
• Get a copy of your paper or electronic medical record.
• Correct your paper or electronic medical record.
• Request confidential communication.
• Ask us to limit the information we share.
• Get a list of those with whom we've shared your information.
• Get a copy of this privacy notice.
• Choose someone to act for you.
• File a complaint with our safety officer.

Your Choices
You have some choices in the way that we use and share information as we:
• Tell family and friends about your condition.
• Provide disaster relief.

Our Uses and Disclosures
We may use and share your information as we:
• Treat you.
• Run our organization.
• Help with public health and safety issues.
• Do research.
• Comply with the law.
• Respond to organ and tissue donation requests.
• Work with a medical examiner or funeral director.
• Address workers' compensation, law enforcement, and other government requests.
• Respond to lawsuits and legal actions.

What you can do
This section explains what you can do and some of our responsibilities to help you.
Get an electronic or paper copy of your medical record.

• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
Ask us how to do this.
• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record.
• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
• We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications.
• You can ask us to contact you in a specific way (for example, by home or office phone) or to send mail to a different address.
• We will say “yes” to all reasonable requests.
Ask us to limit what we use or share.
• You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information.
• You can ask for a list of the times we’ve shared your health information for six years before the date you ask, who we shared it with, and why.
Get a copy of this privacy notice.
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you**.**
• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
• We will make sure the person has this authority and can act for you before we take any Action.
• **You can make a complaint with the Safety Officer listed above.**

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have the choice to tell us to:
• Share information with your family, close friends, or others involved in your care.
• Share information in a disaster relief situation.
If you cannot tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:
• Marketing purposes
• Sale of your information
Our Uses and Disclosures
How do we typically use or share your health information?
We typically use or share your health information in the following ways.

• Treat you.
We can use your health information and share it with other professionals treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.
• Run our organization.
We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Help with public health and safety issues.
We can share health information about you for certain situations, such as:
• Preventing disease
• Helping with product recalls
• Reporting adverse reactions to medications
• Reporting suspected abuse, neglect, or domestic violence
• Preventing or reducing a serious threat to anyone's health or safety
Do research: We can use or share your information for health research.
Respond to organ and tissue donation requests**:** We can share your health information with organ procurement organizations.
Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
• For workers' compensation claims
• For law enforcement purposes or with a law enforcement official
• With health oversight agencies for activities authorized by law
• For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order or in response to a subpoena.
Our Responsibilities
• We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind anytime. Let us know in writing if you change your mind.
For more information see**:**.
Changes to the Terms of this Notice
We can change the terms of this notice, which will apply to all information we have about you. The new notice will be available upon request in our office and on our website.