

Marsh MediClinic

Privacy Act / Confidentiality Notice

General Information

Information about your treatment and care is protected by federal law. Under the laws, the program may not say to a person outside the program that you are a patient. The program may not disclose any information identifying you as a substance abuser or any other protected information except as permitted by law. This program must have your written consent before it can disclose information about you or your care in the program except as permitted by law.

How Information May Be Disclosed

Federal law permits the program to disclose information for the following circumstances without your permission:

- For treatment: We may disclose information to doctors, nurses or other health care personnel who are involved in your medical care and need the information to provide you with care.*
- As required by law: We will disclose information when required by federal, state, or local law (including law enforcement & regulatory agencies).*
- To avert serious threat to health/safety: We may disclose information when necessary to prevent a serious threat to you, the public or another individual. However, such information will only be made available to someone able to help prevent the threat.*
- Organ and tissue donation: If you are an organ donor, we may disclose information to organizations that handle organ procurement and transplantation.*
- Military: If you are a member of the armed services, we may release information as required by military command authority.*
- Public health risk: We may disclose information for public health purposes including but not limited to disclosures regarding disease, injury, child/elder abuse/neglect, and communicable diseases.*
- Government oversight agencies: We may disclose information to a health oversight agency when necessary for health care system monitoring (for example - audits, investigations, inspections, licensing, and practitioner verifications and controlled substance monitoring).*
- Lawsuits and disputes: If you are involved in a lawsuit or legal dispute, we may disclose information in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request, or other lawful process.*
- Law enforcement: We may release information if asked by a law enforcement official IF the information is: (1) in response to a court order, subpoena, summons, or similar process; (2) to identify or locate a suspect, fugitive, witness, or missing persons; (3) about the victim of a crime; (4) about a death that may be the result of criminal conduct; (5) about criminal conduct on our premises; or (6) in an emergency to report a crime.*

Your Rights

-Right to inspect and copy: You have the right to inspect and copy your health information. To do this, you must make your request in writing. We have up to 30 days to make your information available and may charge fees for the cost of copying.

-Right to amend: If you feel that your health information is incorrect, you may ask for an amendment to the record (with some exceptions).

-Disclosure restrictions: You have the right to request restrictions on certain uses and disclosures of your information.

-Accounting of disclosures: You have the right to request a list of certain disclosures that have been made regarding your information.

-Out-of-pocket payments: You have the right to ask that your information with respect to service not be disclosed to your health plan.

-Confidential communication: You have the right to request that we communicate with you about medical matters in a certain way or location.

Program Duties

The program is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms and make new provisions when necessary. The program will provide updated notices when changes are made.

Confidentiality Notice

I, _____, have received a copy of the privacy/confidentiality notice. I have read and acknowledge this.

Patient/Guardian Signature

Date