The right to amend.

If you have any questions about this notice, please contact the Privacy Officer Designee or this center's Privacy Officer.

UNDERSTANDING YOUR HEALTH AND MEDICAL INFORMATION

Every time you access or receive services from this site, documentation in your health record is made. Typically, this record contains information about the condition and the treatment that we provide. We use and disclose this information to:

• Plan your care and treatment
• Document the care you received
• Educate health professionals
• Provide information for research
• Help transcripts and summary forms for
• Provide information for the community
• Evaluate and improve the care we provide

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe the ways we may use or disclose your medical information. We are unable to describe every possible way that we may use or disclose medical information under each category. However, all of the ways we are permitted or required to use and disclose will fall into one of these categories.

For Treatment. We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to a doctor, nurses, therapists, or other persons who are involved in taking care of you. For example, specialists may need access to your health information. A doctor treating you for a broken leg may need to know that you have diabetes because diabetes may slow the healing process. The doctor may also need to know the drug or medication that you take to treat your diabetes.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to you, an insurance company, or a third party. For example, in order to be paid, we may need to use and disclose your health information to our billing or collection manager. We may use and disclose all of your health information necessary for your care and the payment of your care to someone who helps pay for your care. We will only disclose the information which is directly related to the process of billing for your care. This may include billing that provides care in your home.

For Health Care Operations. We may use and disclose medical information about you for health care operations, such as in conducting quality assessment and improvement activities, including outcomes evaluation and determining the quality and cost-effectiveness of care and services. This information is necessary for our operations, such as in conducting quality assessment and improvement activities, including outcomes evaluation and determining the quality and cost-effectiveness of care and services. This information will be used for activities such as in conducting quality assessment and improvement activities, including outcomes evaluation and determining the quality and cost-effectiveness of care and services. This disclosure is for health care operations related to those providers, or for the purpose of health care fraud and abuse detection or compliance activities.

OTHER ALLOWABLE USES OF YOUR MEDICAL INFORMATION

Information about the treatment you receive from our Care or Payment for Your Care. Unless you object, we may disclose medical information about you to a friend or family member who is involved in your care. We may disclose medical information to someone helping to pay for your care. We will only disclose the information which is directly related to the person’s involvement in your care or payment related to your care.

For Treatment, Payment, or Health Care Operations. Unless you object, we may disclose information about you to your healthcare services providers following your discharge.

This location is required by law to maintain the privacy of your medical information and to provide you with this notice so you will understand how we may use or share your medical information and how you can get access to this information. Please review it carefully.

Right to Amend.

If you have any questions about this notice, please contact the Privacy Officer Designee or this center's Privacy Officer.

If you believe your privacy rights have been violated, you may file a complaint with this center, contact this center's Compliance Officer by calling this center's Reach Out Line at 1-800-832-4997 or by contacting compliance@newghc.com.

Complaints

If you have questions or would like additional information, you may contact the this center Privacy Officer listed in your Admission Packet or Documents. The Privacy Officer or representative will advise you in the steps necessary to exercise these rights.

THIS LOCATION SUBSCRIBES TO THE FOLLOWING:

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 review it carefully.

Right to Amend.

If you have any questions about this notice, please contact the Privacy Officer Designee or this center's Privacy Officer.

Understanding your health and medical information.

Every time you access or receive services from this site, documentation in your health record is made. Typically, this record contains information about the condition and the treatment that we provide. We use and disclose this information to:

• Plan your care and treatment
• Document the care you received
• Educate health professionals
• Provide information for research
• Help transcripts and summary forms for
• Provide information for the community
• Evaluate and improve the care we provide

How we may use and disclose your medical information.

The following categories describe the ways we may use or disclose your medical information. We are unable to describe every possible way that we may use or disclose medical information under each category. However, all of the ways we are permitted or required to use and disclose will fall into one of the categories.

For treatment. We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to a doctor, nurses, therapists, or other persons who are involved in taking care of you. For example, specialists may need access to your health information. A doctor treating you for a broken leg may need to know that you have diabetes because diabetes may slow the healing process. The doctor may also need to know the drug or medication that you take to treat your diabetes.

For payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to you, an insurance company, or a third party. For example, in order to be paid, we may need to use and disclose your health information to our billing or collection manager. We may use and disclose all of your health information necessary for your care and the payment of your care to someone who helps pay for your care. We will only disclose the information which is directly related to the process of billing for your care. This may include billing that provides care in your home.

For health care operations. We may use and disclose medical information about you for health care operations, such as in conducting quality assessment and improvement activities, including outcomes evaluation and determining the quality and cost-effectiveness of care and services. This information is necessary for our operations, such as in conducting quality assessment and improvement activities, including outcomes evaluation and determining the quality and cost-effectiveness of care and services. This disclosure is for health care operations related to those providers, or for the purpose of health care fraud and abuse detection or compliance activities.

Other allowable uses of your medical information.

Information about the treatment you receive from our care or payment for your care. Unless you object, we may disclose medical information about you to a friend or family member who is involved in your care. We may also disclose information to someone helping to pay for your care. We will only disclose the information which is directly related to the person’s involvement in your care or payment related to your care.

For treatment, payment, or health care operations. Unless you object, we may disclose information about you to your healthcare services providers following your discharge.

Right to inspect and copy. You have the right to review and copy your medical information. You have the right to request that we restrict certain disclosures of your medical information for treatment, payment, or health care operations to others. We will not disclose more information than you suggest.

Right to request alternative locations or confidential communications. During the course of treatment, we will routinely communicate with you regarding your care. As stated above, we will only disclose to other authorized persons the information which is directly related to the person’s involvement in your care or payment related to your care.

Right to request restrictions. You may request that we restrict certain uses and disclosures of medical information. Such uses and disclosures will be restricted as requested, unless the restriction violates the law or would endanger the patient. Restrictions will only be effective for those providers to which the restriction is given.

Right to amend. If you believe that any information in your records is in error or if you believe that information is missing, you may file a request for amendment with the person responsible for the record. Please submit your request in writing to the person responsible for the record. The request must state in what way you believe the record is incorrect and why.

Right to request a paper copy of this notice. You have the right to receive a paper copy of our Notice of Information Practices request right if, as you agree to receive the notice electronically. You may obtain a paper copy of this notice by visiting this center's Reach Out Line at 1-800-832-4997 or by contacting compliance@newghc.com.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with this center or with the United States Department of Health and Human Services. To file a complaint with this center, contact this center's Compliance Officer by calling this center's Reach Out Line at 1-800-832-4997 or by contacting compliance@newghc.com. There will be no retaliation for filing a claim.

Changes to this notice.

This center reserves the right to change its practices and procedures as suited to this notice and to make the new provisions effective for all medical information that this center maintains. We will post a copy of the current notice in the center location. The notice will specify the effective date (the first page in the bottom left corner). In addition, if material changes are made to this notice, the notice will contain an effective date of the revisions and copies can be obtained by you in written or electronic format from this center.

For Questions, More Information, or To Report A Problem

If you have questions, you may contact the Privacy Officer Designee or this center's Privacy Officer.

Revised: 2019