

Ozarks Family Health, LLC
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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept properly confidential. HIPAA gives you significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

We may use and disclose your medical records only for treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be sending a copy of your medical record to a physician to whom you were referred or to a home health agency providing care for you.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running the clinic, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, training of medical students, licensing, and customer service. An example would be a quality assessment review.

We may also create and distribute "de-identified" health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use a sign-in sheet at the registration desk and we may call you by name in the waiting room.

Any other uses and disclosures will be made only with your written authorization, unless otherwise required by law. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information:

- The right to request restrictions on certain uses and disclosures of protected health information. This means that you may ask us not to use or disclose any part of your protected health information for purposes of treatment, payment or healthcare operations. We are not required to agree to a requested restriction. If we do not agree to a restriction, your protected health information will not be restricted. You then have the right to use another healthcare provider. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it. The restrictions may include a restriction on disclosures to family members, other relatives, close personal friends, or any other person identified by you.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of certain disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.
- The right to file a written complaint with us or with the Department of Health & Human Services, Office of Civil Rights, regarding violations of the provisions of this Notice. We will not retaliate against you for filing a complaint.

This Notice is effective as of January, 2012. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information we maintain. We will post the Notice, as amended, and you may request a written copy of the revised Notice from us. For more information about HIPAA or to file a complaint, contact the OFH Privacy Officer at 5349 North 22nd Street, Suite 1, Ozark, MO 65721, (417) 551-4810; or the Department of Health & Human Services, Office of Civil Rights, 200 Independence Ave SW., Washington, DC; 1-877-696-6775.