

We will use and share your health information only with your permission, **except as described in this notice or as required by state or federal regulations.** We have the right to change this notice and apply it to the health information we already have about you and we receive in the future.

Examples of sharing information for treatment, payment, and the operation of the Clinic:

1. We will use your health information for treatment.

For example:

- Information obtained by a nurse, doctor, or other member of your healthcare team will be written in your medical record and used to determine the treatment that should work best for you. Members of your healthcare team will document their actions, your progress and response to treatment.
- We will provide any facility or provider involved in your care with information that may assist in your treatment.

2. We will use your health information for payment.

For example:

- We will send a bill to you and/or your insurance company. The information may include your name, diagnosis, procedures and supplies used.

3. We will use your health information for health care operations that help us to provide quality care.

For example:

- We may use medical information to review or treatment, services and the performance of our staff. We may provide information to doctors, nurses and other personnel for review and learning purposes.

4. We will allow our business associates to use your health information if needed.

5. We will give your health information to:

For example:

- A family member or friend who is involved in your care.
- Persons who help pay for your care.

6. We may use your health information for research.

7. We may provide your health information to coroners, medical examiners, and funeral directors.

8. We may call you about appointments or treatment.

9. We will share health information about you to assist public health activities as required by law.

For example:

- Prevent or control disease, injury, or disability.
- Report reactions to medication or problems with faulty products.
- Notify people of recalls of products they may be using.
- Notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- Notify an appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

10. We may use your health information for Worker’s Compensation.

For example:

- If you are injured on the job, we may share medical information about you for worker’s compensation or similar programs that provide benefits for work-related injuries or illness.

11. We may share your health information with a correctional institution.

For example:

- If you are an inmate or in the custody of law enforcement, your information will be shared to provide you with health care and protect your health and safety.
- Protect the health and safety of others.
- Assist in the safety and security of the correctional institution.

12. We will give your health information to law enforcement.

For example, we may share your health information as needed:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- If we suspect you are a victim of an accident or crime.
- If death occurs, which we believe may be the result of a crime.
- In an emergency to report a crime committed on the premises; the location of the crime or victims; or identity, description or location of the person who committed the crime.

If you have any questions, would like more information or do not understand this Notice of Privacy Practices, please contact the Privacy Officer at 358-5763. Complaints about your privacy rights must be made in writing to Avera Medical Group Creighton, P.O. Box 255, Creighton, NE 68729.

If you believe your privacy rights have been violated, you have the right to file a complaint in writing with the Secretary of Health and Human Services. Nothing will be held against you for filing a complaint.

“This institution is an Equal Opportunity Provider”