

Notice of Privacy Practices

This notice describes how medical information about you may be used and shared and how you can get access to this information. Please review it carefully.

This notice describes the privacy practices of Oasis Resource Center. It applies to the health services you receive at Oasis Resource Center. Oasis Resource Center will be referred to herein as “we” or “us.” We will share your health information among ourselves to carry out our treatment, payment and health care operations.

1. **Our Privacy Obligations:** The law requires us to maintain the privacy of certain health information called “Protected Health Information” (PHI). PHI is the information you provide us or that we create or receive about your health care. The law also requires us to provide you with this notice of our legal duties and privacy practices. When we use or disclose (share) your PHI, we are required to follow the terms of this notice or other notice in effect at the time we use or share the PHI. Finally, the law provides you with certain rights described in this notice.
2. **Ways We Can Use and Share Your PHI Without Your Written Permission (Authorization):** In many situations we can use and share your PHI for activities that are common in many hospitals and clinics. In other certain situations, which we will describe in Section I below, we must have your written permission (authorization) to use and/or share your PHI. We do not need any type of permission from you for the following uses and disclosures:
 - a) **Uses and disclosures for Treatment, Payment and Health Care Options:** We may use and share your PHI to provide “Treatment,” obtain “Payment” for your treatment, and perform our “Health Care Operations.” These three terms are defined as:
 - 1) **Treatment:** We use and share your PHI to provide care and other services to you. For example: to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment options. We may tell you about other health related benefits and services that may interest you. We may also share your PHI with other doctors, nurses and others involved in your care.
 - 2) **Payment:** We may use your PHI to receive payment for services that we provide to you. For example: we may share your PHI to request payment and receive payment from Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of some of your healthcare (“Your Payor”) and to confirm that “Your Payor” will pay for health care. Another example: we may share your PHI with the person who you told us was primarily responsible for paying for your treatment, such as your spouse or parent.
 - 3) **Health Care Options:** We may use and share your PHI for our health care operations which include management, planning and activities that improve the quality and lower the cost of the care that we deliver. For example: we may use PHI to review the quality and skill of physicians, nurses and other health care providers. Another example: we may share PHI with our staff members to resolve providers. Another example: we may share PHI with our staff members to resolve any complaints you may have and make sure that you have a comfortable visit with us.

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- 4) **In addition**, we may share PHI with certain others who help us with our activities, including those we hire to perform services.
- b) **Your Other Health Care Providers:** We may also share PHI with your doctor and other health care providers when they need it to provide treatment to you, to obtain payment for the care they give you, to perform certain Health Care Operations, such as reviewing the quality and skill of care professionals or to review their actions in following the law.
- c) **Disclosure to Relatives, Close Friends and Your Other Caregivers:** We may share your PHI with your family member/relative, a close friend or another person you identify if we (1) first provide you with a chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your PHI with these individuals. If you are not present at the time we share your PHI or you are not able to agree or disagree to our sharing of your PHI because you are not capable or there is an emergency circumstance, we may use our professional judgment to decide that sharing your PHI is in your best interest. We may also use or share your PHI to notify (or assist in notifying) these individuals about your location and general condition.
- d) **Public Health Activities:** We are required or permitted by law to report PHI to certain government agencies and others. For example: we may share your PHI for the following: to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; to report abuse or neglect to government authorities including a social service or protective service agency that are legally permitted to receive reports; to report information about products and services to the U. S. Food and Drug Administration; to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing and spreading a disease or condition; to report information to your employer as required under laws addressing work related illnesses and injuries or workplace medical surveillance; and to prevent or lessen a serious and imminent threat to a person for the public's health or safety or to certain government agencies with special functions such as the state department.
- e) **Health Oversight Activities:** We may share your PHI with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicare or Medicaid, are being followed.
- f) **Judicial and Administrative Proceedings:** We may share your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- g) **Law Enforcement Purposes:** We may share your PHI with the police or other law enforcement officials as required by law or in compliance with a court order or subpoena.
- h) **Descendants:** We may share your PHI with a coroner or medical examiner as authorized by law.
- i) **As Required by Law:** We may use and share your PHI when required to do so by any other law not already referred to above.