

## 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.**

- Your confidential healthcare information may be released to other healthcare professionals within Goodall-Witcher Healthcare (GWH) for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of GWH receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care, if it is required by another healthcare provider to either provide for a service, for payment of services rendered to you, or for other healthcare operations.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime, or domestic violence.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or an untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purposes than what is identified in this notice.
- Your confidential healthcare information may be released in other circumstances than those mentioned above after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You can be contacted by GWH for the purposes of raising funds to support the district's operations. However, you have the right to opt out of receiving fundraising communication.
- You have the right to restrict the use of your confidential healthcare information. However, GWH may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all of your health status.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Notice of Privacy Practices upon request. This copy can be in the form of an electronic transmission or on paper.
- GWH is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- GWH agrees to restrict, when requested, the disclosure of PHI to a health plan when the patient pays in full for the service or item in question.
- You have the right to be notified when a breach of your unsecured PHI has occurred.
- GWH will abide by the terms of this notice. GWH reserves the right to make changes to this notice and continue the confidentiality of all healthcare information. Whenever the notice is revised, it will be made available upon request on or after the effective date of the revision.

- All complaints will be investigated. No personal issue will be raised for filing a complaint with GWH.
- You have the right to complain to GWH and to the Secretary of Health and Human Services if you believe your right to privacy have been violated.
- For further information about this Notice of Privacy Practices or to file a complaint, please contact:

Adam Willmann, CEO  
Goodall-Witcher Healthcare  
P.O. Box 549  
Clifton, Texas 76634  
254-675-8322

- This notice is effective as of Date of Effectiveness. This date must not be earlier than the date on which the notice is printed or published.

Date of Effectiveness: September 23, 2013