

Lawrence County Family Clinic, P.A.  
1210 West Main  
Walnut Ridge, AR 72476

**Notice of  
Privacy  
Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**I. Introduction**

Lawrence County Family Clinic, P.A. is required by law to maintain the privacy of your health information and to provide individuals with notice of its legal duties and privacy practices with respect to health information. Lawrence County Family Clinic, P.A. is required to abide by the terms of the Notice currently in effect. Lawrence County Family Clinic, P.A. reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains.

This Notice of Privacy Practices and Policies outlines our practices, policies and legal duties to maintain confidentiality and protect against prohibited disclosure of protected health information ("PHI") under the privacy regulations mandated by the Health Insurance Portability and Accountability Act ("HIPAA") and further expanded by the Health Information Technology for Economic Clinical Health Act ("HITECH").

PHI includes your demographic information such as name, address, telephone number, and family; past, present, or future information about your physical or mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you. Your PHI may be maintained by us electronically and/or on paper.

This Notice describes uses and disclosures of PHI to which you have consented, that you may be asked to authorize in the future, and that are permitted or required by state or federal law. Also, it advises you of your rights to access and control your PHI.

We may amend this Notice of Privacy Practices periodically. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices or you may obtain a copy by accessing our website at [lawrencedocs.com](http://lawrencedocs.com), by calling the office, 870-886-3543 and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

We regard the safeguarding of your PHI as an important duty. The elements of this Notice and any authorizations you may sign are required by state and federal law for your protection and to ensure your informed consent to the use and disclosure of PHI necessary to support your relationship with Lawrence County Family Clinic, P.A.

If you have any questions about Lawrence County Family Clinic, P.A.'s Notice of Privacy Practices, please contact the Privacy Officer at 870-886-3543.

**2. Safeguarding PHI Within our Practice.** We have in place appropriate administrative, technical, and physical safeguards to protect and to secure your PHI. We orient our staff to the regulations and policies developed to protect the privacy of your PHI, and review their obligation to maintain privacy and security annually. We hold medical records in a secure area within our practice, and our electronic medical record system is monitored and updated to address security risks in compliance with the HIPAA Security Rule. Only staff members who have a legitimate "need to know" are permitted access to your medical records and other PHI. Our staff understands the legal and ethical obligation to protect your PHI and that a violation of this Notice of Privacy Practices may result in disciplinary action in accordance with our Human Resource policies.

**3. Uses and Disclosures of PHI.** How we may use and disclose protected health information about you:

**Treatment.** We may use your PHI for treatment. Treatment means the provision, coordination, or management of your health care and related services by Lawrence County Family Clinic, P.A. and health care providers involved in your care. Students may be a member of the health care team. It includes the coordination or management of health care by a provider with a third party insurance carrier, communication with lab or imaging providers for test results, consultation between our clinical staff and other health care providers relating to your care, or our referral of you to a specialist physician or facility. For example: Information obtained by a nurse, doctor, or other member of your healthcare team will be recorded in your medical record and used to determine the course of treatment that should work best for you.

**Payment.** We may use your PHI for payment. Payment means our activities to obtain reimbursement for the medical services provided to you, including billing, claims management, and collection activities. Payment also may include your insurance carrier's efforts in determining eligibility, claims processing, assessing medical necessity, and utilization review. Payment may also include activities carried out on our behalf by one or more of our collection agencies or agents in order to secure payment on delinquent bills. For example: A bill will be sent to you or your insurance company.

**Health Care Operations.** We may use your PHI for health care operations. Health care operations mean the legitimate business activities of our practice. These activities may include quality assessment & improvement activities, fraud & abuse compliance, business planning & development, and business management & general administrative activities. For example: Using a translation service if we need to communicate with you in person, or on the telephone, in a language other than English. When we involve third parties in our business activities, we will have them sign a Business Associate Agreement obligating them to safeguard your PHI according to the same legal standards we follow.

**4. Electronic Exchange of PHI.** We may transfer your PHI to other treating health care providers electronically. We may also transmit your information to your insurance carrier electronically.

**5. Uses and Disclosures of PHI Based Upon Your Written**

**Authorization.** Other uses and disclosures of your PHI will be made only with your specific written authorization. This allows you to request