



## HIPAA SHORT FORM NOTICE OF PRIVACY PRACTICES

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us because we need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care generated by this office, whether made by your personal doctor, or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

<p><b>We are required by law to:</b></p> <ul style="list-style-type: none"> <li>• Make sure that health information that identifies you is kept private</li> <li>• Give you this Notice of our legal duties and privacy practices with respect to health information about you; and</li> <li>• Follow the terms of the Notice that is currently in effect.</li> </ul> <p><b>How we may use and disclose health information about you:</b></p> <ul style="list-style-type: none"> <li>• For treatment</li> <li>• For payment</li> <li>• For health care operations</li> <li>• For appointment reminders</li> <li>• As required by law</li> <li>• To avert a serious threat to health and safety</li> <li>• As required by the military or Veterans' and workers' compensation organizations</li> <li>• Public health risks</li> <li>• Health oversight activities</li> <li>• Lawsuits and disputes</li> <li>• Law enforcement</li> <li>• Coroners, health examiners and funeral directors</li> <li>• National security and intelligence activities</li> </ul>	<p><b>Your rights regarding Health Information about you:</b></p> <ul style="list-style-type: none"> <li>• Right to inspect and copy records</li> <li>• Right to amend records</li> <li>• Right to an accounting of disclosures</li> <li>• Right to request restrictions</li> <li>• Right to request confidential communication, electronically or by paper</li> <li>• Right to a paper copy of this Notice (<i>full Notice is available upon request</i>)</li> </ul> <p><b>Changes to this Notice:</b> We reserve the right to change this Notice. We will post a copy of the current Notice in our facility with the current effective date.</p> <p><b>Complaints:</b> If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please address all complaints to:</p> <p>Connie Mills, Director of Operations Twin Rivers Urgent Care, LLC 720 N Webb Rd. Grand Island, NE 68803</p>
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We will request that you acknowledge your receipt of this notice on the demographics form you complete for us. This acknowledgement will become a part of your records. This acknowledgement provides that you have declined to accept the Complete Notice and instead reviewed this Short Form. We post a copy of the Current Complete Notice of Privacy Practices in our facility and you may also ask for a copy from the receptionist.