



400 N. E. 12th Street
Guymon, Ok 73942
580-338-2637



1715 Main Street
Woodward, Ok 73801
580-254-5313

Notice of Privacy Practices

Important:

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.

Alacrity Healthcare, LLC is required by law to protect certain aspects of your health care information known as Protected Health Information or PHI and to provide you with this Notice of Privacy Practices.

Alacrity Healthcare, LLC is permitted to use protected health information (PHI) for the purposes of treatment, payment, and healthcare operations in most cases without your written permission. Here are examples of these uses:

Treatment: This includes verbal and written information that we obtain about you pertaining to your medical condition and treatment provided to you by us and other medical personnel. It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via telephone, copy, or fax to the hospital or another physician who continues your treatment.

Payment: This includes any activity we must undertake in order to get reimbursed for the services we provide to you. This includes submitting bills to insurance companies (either directly or through a third party billing company), medical necessity determinations and reviews, and collection of outstanding accounts.

Health Operations: This includes quality assurance activities, licensing, and training programs to ensure our personnel meet our standards of care and follow established policies and procedures. PHI may be used to fulfill legal requirements, business planning, or resolving grievances or complaints.

Alacrity Healthcare, LLC also wishes to remind you of **your rights as a patient:**

1. You may access, copy, or inspect your protected health information. Please come to the office, present your identification, and fill out the required form. We will provide the copies requested within 30 days. In limited circumstances, we may deny access to medical information, but we will provide an explanation for our denial and inform you of your right and method of appeal.
2. You have the right to request an amendment to your protected health information. You may request to have errors corrected and we will review the record for those errors. We are permitted by law to deny your request in certain circumstances. You must complete a request form and we will respond within a 60-day period. If we do not find errors in the protected health information, we will notify you of our denial.
3. You have the right to request an accounting of our use and disclosure of your protected health information. You may complete a form requesting a listing of all disclosures of your PHI we have used or disclosed for which we have not obtained your written permission.
4. You have the right to request that we restrict the uses and disclosures of your protected health information. If you request a restriction of information for treatment, payment, or healthcare operations, or if you choose to restrict your protected health information from family or friends, please complete the form used by Alacrity Healthcare, LLC for these purposes. However, we may use such protected health information if it is necessary to provide emergency treatment. If you wish to have a confidential phone number, address, or electronic mail location for us to contact you, please be sure the receptionist notes this in your file.
5. You have the right to a copy of this notice and to see it posted on our Internet site. We have posted this on our website, www.alacrityhc.com, and we will provide you a copy of this notice at any time you request it. We can also provide you a copy by electronic mail.
6. You have the right to complain to us or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. A formal complaint form is available to you in our office.

At any time that you have questions, concerns, or complaints concerning privacy of your protected health information, you can contact your clinic with your concern. Your concern will be addressed within 48 hours.

At Alacrity Healthcare, LLC, we appreciate serving your healthcare needs. We are dedicated to maintaining the privacy of your protected health information and assisting you with any concerns you may have.