circumstances, we are unable to obtain the person’s agreement.
4. About death we believe may be the result of criminal conduct.
5. About criminal conduct at the facility.
6. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Research: We may use or disclose your PHI for research purposes, limited data sets are created in such an instance. You may also ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for F&CS. To request amendments, you must submit a request in writing submitted to the Program Manager at the F&CS location where you are seen. In addition, you must provide a reason that supports your request. We may deny your request if the information that created the information is no longer available to make the amendment; (2) is not a part of the PHI kept by or for F&CS; (3) Is not part of the information which would be permitted to inspect and copy; or (4) is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “Accounting of Disclosures.” This is a list of the disclosures that we have made of your PHI about your health care or purposes other than treatment, payment, or healthcare operations. The list of disclosures also will not include any disclosures made to you of your own information, requests or required or permitted by law, information disclosed pursuant to your authorization, disclosures for national security or intelligence purposes. It also excludes disclosures to correctional institutions or law enforcement officials, or disclosures that are part of a limited data set that does not include your individually identifiable information. To request this list or accounting as of any date on or after April 13, 2003, you must submit a written request to F&CS. In your request, you must indicate a time period which may not be longer that six years and may not include dates before April 13, 2003. Your request should indicate whether you wish to have the accounting of disclosures mailed to you or delivered to you in person. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any charges are incurred.

Right to Inspect and Copy: You have the right to inspect and copy to request access to your records. If you request access to your record in paper, you must submit a written authorization to F&CS. You may receive this information on paper, or in the electronic format that you prefer if it is available available in such a format. If F&CS provides you with electronic access to your PHI, F&CS may charge you the statutory allowed rate which is currently 30 cents per page. In addition, F&CS may charge you a delivery charge but in no event greater than $200. If you request a paper copy of the information, we may charge the statutory allowed rate which is currently 30 cents per page. We may deny your request if the information is not reasonably accessible to you by virtue of being in paper form. We may also deny your request if the information is not reasonably accessible to you by virtue of being in paper form. If we deny your request, your request must be made in writing and submitted to the Program Manager at the F&CS location where you are seen. In addition, you must provide a reason that supports your request. We may deny your request if the information that created the information is no longer available to make the amendment; (2) is not a part of the PHI kept by or for F&CS; (3) Is not part of the information which would be permitted to inspect and copy; or (4) is accurate and complete.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limitation on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree in writing, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to F&CS. In your request, you must indicate (1) the restriction you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, your attorney or a family member or friend). You also have a right to request that we restrict disclosures to a health plan or insurance company if the disclosure is the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you (or a person other than the health plan or someone else on your behalf) have paid F&CS in full. We cannot deny this request if it would be contrary to our legal responsibilities.

Right to Request Communications in a certain manner: You have the right to request that we communicate with you about your medical matters in a certain way or at a certain location or time. For example, you can ask that we only contact you at work or by mail. In programs such as COPES, F&CS may offer to communicate with you through secure text messaging or a secure web-based chat system. While F&CS can ensure that such messages are secure at the time of sending and once received by F&CS, F&CS cannot ensure that such communications when received or stored by your mobile phone, your computer, your internet service provider, or your mobile telephone carrier or when such communications are transmitted through such carriers will remain private. If you opt to use secure text messaging or a secure web-based chat system, you acknowledge these potential risks and will treat any initial text or chat as a request that F&CS communicate with you by text or chat respectively. You have the right to opt-out of such communications at any time by providing F&CS a written request to opt-out. To request a certain manner of communication, you must make your request in writing to F&CS. We will not ask you to specify a reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice at any time. To request a paper copy of this notice, please contact the administrative office of any F&CS facility.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with F&CS or with the Secretary of the Department of Health and Human Services. To file a complaint with F&CS contact the Privacy Officer at 918-587-9471. All complaints will be kept confidential. You will not be penalized for filing a complaint.

Other Uses of PHI: Other uses and disclosures of PHI not covered by this notice, applicable laws or regulations will be made only with your written authorization, including any fundraising appeals. If you agree, we propose to sell your PHI by F&CS. If you provide us with authorization to use or disclose medical information about you for fundraising purposes, the use or disclosure will be made in accordance with your authorization. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. If you are unable to take such an action, any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

Legal Duty to Safeguard PHI: We understand that medical information about you and your health is confidential and personal. We also understand that you may be concerned about how your medical information will be used and disclosed and who may have access to it. We create a record of the care that contains your PHI. We need this record to provide you with quality health care and to comply with certain legal requirements. We will obtain your authorization any time it is required, giving F&CS permission to use or disclose your PHI for purposes other than your treatment, obtaining payment for your medical care, and the operations of F&CS. We may require your authorization for these uses at any time by notifying the F&CS Privacy Officer or your F&CS healthcare provider. This notice applies to all of the records of your care generated by F&CS. This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

FMC PHARMACY, LLC.

FAMILY & CHILDREN’S SERVICES, INC.

Who Will Follow This Notice: This notice describes our organization’s practices and that of:

- Any health care professional authorized to enter information into your medical record
- All departments and units of F&CS and FMC Pharmacy
- All employees, staff and other F&CS personnel, including physicians, psychologists, therapists, pharmacists, nursing personnel, prescribers, and pharmacy technicians who are independent contractors of F&CS

F&CS includes Family & Children’s Services and FMC Pharmacy. All F&CS entities, sites, and locations follow the terms of this notice and may share protected health information (“PHI”) with each other for treatment, payment, or healthcare operations purposes or in the manner described in this notice.

Legal Duty to Safeguard PHI: We understand that medical information about you and your health is confidential and personal. We also understand that you may be concerned about how your medical information will be used and disclosed and who may have access to it. We create a record of the care that contains your PHI. We need this record to provide you with quality health care and to comply with certain legal requirements. We will obtain your authorization any time it is required, giving F&CS permission to use or disclose your PHI for purposes other than your treatment, obtaining payment for your medical care, and the operations of F&CS. We may require your authorization for these uses at any time by notifying the F&CS Privacy Officer or your F&CS healthcare provider. This notice applies to all of the records of your care generated by F&CS. This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

FAMILY & CHILDREN’S SERVICES, INC.

FMC PHARMACY, LLC.
For Payment: We may use and disclose PHI about you to bill for the services you receive and to have payment made to you. We may also bill you directly. To do this, we will use information that you give us on insurance forms, or that we get from your other health care providers. We may also bill you for other items that are separately payable, such as RX refill requests. We may share information about you with a health plan to obtain payment for services you received at F&CS. We may also disclose PHI to your health plan to verify your coverage.

For Treatment: We may use and disclose PHI about you for your health care treatment and services. For example, we may use or disclose PHI about you to provide you with health care services and coordinate your care. The following categories describe the different ways that we use and disclose PHI.

» Business Associates: We may disclose your PHI to or on behalf of the Business Associates listed in this Notice. We may use or disclose PHI to our Business Associates and have them perform certain services on behalf of F&CS.

» Health Information Exchange: We may use or disclose PHI for purposes of health information exchanges. We may use and disclose PHI for health information exchanges with entities that are involved in the electronic exchange of information.

» Disclosures Which are Made without your Consent

1. To prevent or control disease, injury or disability;
2. To report deaths;
3. To report child abuse or neglect;
4. To report rejections to medications or problems with medications;
5. To notify people of recalls of products they may be using;
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
7. To notify the appropriate government authority if we believe a client has been the victim of abuse or neglect. Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of F&CS. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

» Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court order. We may also disclose PHI about you in response to a court order, discovery request, or other lawful process by law enforcement officials, to the extent required by the law. We may also disclose PHI to an entity to whom you have permitted us to disclose PHI if the entity is involved in a dispute with you.

» Law Enforcement: We may release PHI if asked to do so by a law enforcement official:

1. In response to a court order, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime, if under certain limited circumstances