



— ARKANSAS COLLEGES OF —
HEALTH EDUCATION
—

NOTICE OF PRIVACY RIGHTS AND 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.

This Notice of Privacy Rights and Practices describes how your protected health information may be used or disclosed. “Protected health information” (PHI) is information about you and your physical or mental health, together with information that may identify you. This information about you is protected by law.

The Arkansas Colleges of Health Education (ACHE) is considered to be a “Hybrid Entity” according to the Health Insurance Portability and Accountability Act (HIPAA). Certain individual units or clinics within ACHE, including the one providing you with this notice, are covered by the HIPAA requirements. The components of ACHE performing functions subject to HIPAA privacy protection are designated as the “Health Care Components”. Each Health Care Component within ACHE will not share your PHI, except where permitted or required by law, without your permission.

YOUR RIGHTS UNDER THE LAW

You have the following rights under the law:

- To receive confidential communications of your medical information.
- To inspect and receive a copy of your paper or electronic medical record(s), usually within 30 days of your request. Your request must be in writing, and we must act on the request within 30 days.
- To ask us to amend or correct errors in your medical record. The request must be in writing and provide a reason. If we deny your request, we must tell you why within 60 days.
- To receive, free of charge, a list of those with whom we have shared your medical information.
- To ask us to limit the uses and disclosures we make of your information. We are not required to agree with your request, but if we do not, we will tell you why and you are free to discontinue our services if you choose.
- To request we communicate with you only in a specific manner, such as to a certain telephone number or address.
- To choose someone to speak or act for you, such as a guardian or a person holding a medical power of attorney.
- To get a paper copy of this Notice of Privacy Rights and Practices, even if you received it electronically.

OUR USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

We may use or disclose your protected health information in any of the following ways permitted by law:

- Sharing it with physicians, nurses, and other professionals involved in your healthcare, including your primary care physician and referred physicians, for the purpose of providing, coordinating, and managing your care.
- Sharing it with staff members for the purposes of contacting you, performing care quality assessments, staff and student reviews, student training and education, and operating our organization generally.
- Sharing it with students of the ACHE Health Care Component who may examine or treat you for the purpose of their own training and education.
- Sharing it with medical and academic researchers (with your personally identifying information removed).
- To assist with public health and safety concerns such as product recalls, reporting adverse reactions to medications, and reporting suspected abuse, neglect, or domestic violence.
- To respond to organ and tissue donation requests.
- To comply with the law, and with requests from law enforcement and other government agencies.
- For workers' compensation claims.
- To respond to court orders, subpoenas, and other valid legal actions and processes.

OUR RESPONSIBILITIES TO YOU

By law, we have the following responsibilities to you:

- To maintain the privacy and security of your protected health information.
- To notify you of our privacy practices and our legal duties with respect to your medical information.
- To promptly notify you if a breach occurs that may have compromised the privacy or security of your medical information.
- To follow the duties and privacy practices described in this notice and to give you a copy of it.
- Not to share your protected health information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. You must let us know in writing if you do change your mind.

We will never share your protected health information for marketing purposes without your authorization, and we will never sell your information.

You may file a complaint with us if you believe your privacy rights have been violated by contacting our Compliance Officer. Our Compliance Officer will investigate your complaint and make a report to you (if you have not reported anonymously). You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by calling 1-800-368-1019, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>. We will not retaliate against you for filing a complaint.

We are required to comply with the terms of this Notice. However, we can change its terms at any time, and change any policy or procedure designed to safeguard your health information. Changes will apply to all information we have about you. Any amended notice will be made available to you upon request, and you will be asked to review and sign an amended notice at your next visit.

If you have any questions about this notice, wish to receive further information about your privacy rights, or would like to file a complaint, you may contact our Compliance Officer at:

Daniel Curtis, PT, DPT
Arkansas Colleges of Health Education
7006 Chad Colley Boulevard
Fort Smith, Arkansas 72916
479-401-6022

This notice is published and becomes effective on **April 15, 2021.**