



Notice of Burke Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). We are required to protect your PHI. This notice tells you about our duty to protect your PHI, your privacy rights and how we may use or disclose your PHI. Nothing in the notice prevents Burke from following a state law when it is stricter than the federal laws concerning the use of PHI.

We are required to follow the privacy practices described in this notice, though we reserve the right to change our privacy practices and the terms of this notice at any time. If we do so, we will post a new notice where you receive services and on the Burke website: www.myburke.org. You may also request a copy of the new notice from a Burke employee.

How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclosure your PHI for purposes of treatment, payment or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without it. There are some services provided in Burke through our agreements with business associates. To protect your PHI, we require these business associates to appropriately safeguard your information. However, the law provides that we can make some uses/disclosures without your authorization. Examples include:

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

Generally, we may use or disclose your PHI as follows:

For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with outside agencies providing services relating to your treatment, such as lab work or pharmacy services, or for consultation purposes, or other agencies involved in provision or coordination of your care.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program and/or a private insurer to get paid for services that we delivered to you.

For health care operations: We may use/disclose your PHI in the course of operating our Community Center. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes.

Appointment reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home, and make phone calls to your home.

Uses and Disclosures Requiring Authorization: For uses/disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use/disclosure falls within one of the exceptions described below.

Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already released information.