

Skiatook Family Clinic

A Federally Certified Rural Health Clinic
201 East Second Street • Skiatook, OK 74070
Phone: (918) 396-1262 | Fax: (918) 238-6577

NOTICE OF PRIVACY PRACTICES

Effective Date: 09/24/2026

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.

Skiatook Family Clinic keeps protected health information ("PHI") private. PHI is any information, in any form, that identifies you and relates to your past, present, or future physical or mental health condition, the provision of health care to you, or payment for that care. PHI includes your billing records. We are required by law to maintain the privacy of PHI, to provide you with this notice of our legal duties and privacy practices with respect to PHI, to notify you following a breach of your unsecured PHI, and to follow the terms of the notice currently in effect.

THE ENTITIES COVERED BY THIS NOTICE

This notice covers all Skiatook Family Clinic employees. It also covers other health care providers who may come to our offices to help care for patients, such as locum tenens physicians, nurse practitioners, and students not employed by Skiatook Family Clinic, unless those other health care providers give you a separate notice.

USES AND DISCLOSURES OF PHI WITHOUT YOUR PERMISSION

Below are the ways in which Skiatook Family Clinic may use or share your PHI without your written permission. The examples are for illustration and do not include every possible use or disclosure. Records that receive additional protection under federal law are subject to the stricter rules described in the next section.

- **For Treatment:** We may use your PHI to provide, manage, and coordinate your health care with other health care providers. Example: a provider at Skiatook Family Clinic may share your PHI with a specialist.
- **For Payment:** We may use and share your PHI for billing purposes. Example: we may share your PHI with your health insurance company.
- **For Health Care Operations:** We may use and share your PHI for operational purposes such as quality assessment, evaluating staff, and training.
- **Appointment Reminders:** We may contact you by mail, email, text, or telephone about appointments, using the contact information you have provided. If no one is available, we may leave a message.
- **Treatment Alternatives and Health-Related Services:** We may tell you about possible treatment options or health-related services that may be of interest to you.
- **Business Associates:** We may share your PHI with companies that perform services for us. They must agree in writing to safeguard your PHI.
- **AI-Assisted Documentation:** To help our providers spend more time focusing on your care, we may use artificial intelligence tools to assist with clinical documentation during your visit. These tools are provided by business associates bound to protect your PHI, and your provider always reviews and approves the final documentation.
- **As Required by Law, and for Public Health Activities** (such as reporting disease, injury, vital events, and FDA-regulated product problems).
- **Abuse or Neglect:** to government authorities if we believe you are a victim of abuse, neglect, or domestic violence, as permitted or required by law.
- **Health Oversight:** to agencies for audits, investigations, inspections, and licensure.
- **Legal Proceedings and Law Enforcement:** in response to a court order, subpoena, or other lawful process, and to law enforcement as permitted by law.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation** organizations.
- **Research** under conditions permitted by law.

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- **Serious Threat to Health or Safety, Specialized Government Functions** (such as military or national security), **Workers' Compensation**, and **Correctional Institutions** if you are an inmate.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS (42 C.F.R. PART 2)

Some of your records may be substance use disorder treatment records that are protected by the federal Confidentiality of Substance Use Disorder Patient Records regulations at 42 C.F.R. Part 2 ("Part 2 records"), in addition to HIPAA. For Part 2 records, the following rules apply:

- **Consent is generally required.** We will use and disclose Part 2 records only as Part 2 allows. Most disclosures require your written consent. You may sign a single consent for all future uses and disclosures for treatment, payment, and health care operations. Records disclosed under that consent to another HIPAA covered entity or business associate may be further used and disclosed as HIPAA permits, except as described in the next paragraph.
- **Use against you in legal proceedings is prohibited.** Part 2 records, and testimony relaying their content, may not be used or disclosed in any civil, criminal, administrative, or legislative investigation or proceeding against you unless (1) you give specific written consent, separate from any other consent, or (2) a court issues an order that meets the requirements of Part 2, accompanied by a subpoena or other legal requirement compelling disclosure.
- **Limited disclosures without consent.** Part 2 permits disclosure without your consent only in limited situations, such as a bona fide medical emergency, certain scientific research, audits and program evaluations, reports of suspected child abuse or neglect required by state law, public health reporting of de-identified information, and as authorized by a qualifying court order.
- **Fundraising.** Skiatook Family Clinic does not use your records for fundraising. If we ever do, you will first receive a clear and conspicuous opportunity to elect not to receive fundraising communications.
- **Your rights for Part 2 records** include the rights described in this notice, including the right to revoke a consent in writing (except to the extent we have already acted on it), to request restrictions on disclosures for treatment, payment, and health care operations, to receive an accounting of disclosures made with your consent, and to be notified of a breach.
- **Complaints.** You may report a suspected violation of Part 2 to us or to the U.S. Department of Health and Human Services, Office for Civil Rights, as described below.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN PERMISSION

We must obtain your written authorization before using or sharing your PHI for any purpose not described in this notice. Marketing communications (with limited exceptions), the sale of PHI, and most uses of psychotherapy notes require your authorization. You may revoke an authorization in writing at any time; the revocation will not apply to disclosures we already made in reliance on it.

YOUR RIGHTS REGARDING YOUR PHI

- **Right to Request Restrictions:** You may ask us to limit certain uses and disclosures. We are not required to agree, except that we must agree not to share information with your health plan about a service you paid for in full out of pocket, if you ask.
- **Right to Confidential Communications:** You may ask us to contact you in a certain way or at a certain location. We will accommodate reasonable requests.
- **Right to Inspect and Copy:** You may inspect and obtain a paper or electronic copy of your PHI. We may charge a reasonable, cost-based fee. We may deny your request in limited circumstances.
- **Right to Amend:** You may ask us to correct PHI you believe is incorrect or incomplete.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures we made of your PHI during the six years before your request.

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- **Right to Be Notified of a Breach** of your unsecured PHI.
- **Right to a Paper Copy** of this notice at any time, even if you agreed to receive it electronically.
- **Right to Choose Someone to Act for You:** A person with your medical power of attorney or your legal guardian may exercise your rights.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and to make the new provisions effective for all PHI we maintain. We will post the current notice in our office and on our website, skiatookfamily.com, and you may request a copy at any time.

CONTACT INFORMATION

If you have questions about this notice or wish to exercise any of your rights, contact: **Privacy Officer**, Skiatook Family Clinic, 201 East Second Street, Skiatook, OK 74070. Phone: (918) 396-1262. Fax: (918) 238-6577.

To file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights: send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-800-368-1019 (TDD 1-800-537-7697), or file online at ocrportal.hhs.gov.

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ACKNOWLEDGMENT OF RECEIPT

By signing below, I acknowledge that I have received a copy of Skiatook Family Clinic's Notice of Privacy Practices, effective 09/24/2026.

Patient Name (Print): _____ Date of Birth: _____

Patient/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

If the patient is unable or refuses to sign, document the reason and the good faith effort made:

Staff Signature: _____ Date: _____