Skiatook Family Clinic

201 East Second Street • Skiatook, OK 74070
Phone: (918) 396-1262 | Fax: (918) 238-6577

Effective Date: 02/01/2026

NOTICE OF PRIVACY PRACTICES

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. We may use and share your PHI with other entities to provide health care to patients and for purposes of billing and payment for those services. PHI includes your billing records. We are required by law to maintain the privacy of PHI, provide you with a notice of our legal duties and privacy practices with respect to PHI, notify you following a breach of unsecured PHI, and follow the terms of the Notice currently in effect.

THE ENTITIES COVERED BY THIS NOTICE

This notice covers all Skiatook Family Clinic employees. The notice 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 is a list of 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 all possible uses and disclosures.

• **For Treatment:** We may use your PHI to provide, manage, and coordinate your health care and any related services with other health care providers. *Example: A doctor at Skiatook Family Clinic may share your PHI with a specialist to determine the best course of treatment.*

• **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. *Example: We may use your PHI for quality assessment activities, evaluating staff, or conducting training programs.*

• **Appointment Reminders:** We may contact you by mail, email, or telephone regarding appointments and the address and telephone numbers you have provided. If no one is available, we may leave a message.

• **Treatment Alternatives:** We may use and share your PHI to tell you about possible treatment options, alternatives, health-related benefits, or services that may be of interest to you.

• **Business Associates:** We may share your PHI with third parties who perform services for us, called business associates. These associates must agree to safeguard your PHI.

• **As Required by Law:** We may use or share your PHI when required by federal, state, or local law.

• **Public Health Activities:** We may share your PHI for public health purposes such as reporting disease, injury, vital events, FDA-regulated products, or exposure to communicable diseases.

• **Abuse or Neglect:** We may share your PHI with government authorities if we believe you are a victim of abuse, neglect, or domestic violence.

• **Health Oversight:** We may share your PHI with health oversight agencies for audits, investigations, inspections, or licensure.

• **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 help us meet administrative and insurance documentation requirements more efficiently. All information processed by these tools remains protected under HIPAA and our privacy practices, and your provider always reviews and approves the final documentation.

• **Legal Proceedings:** We may share your PHI in response to a subpoena or court order.

• **Law Enforcement:** We may share your PHI with law enforcement for various purposes as permitted by law.

• **Coroners and Funeral Directors:** We may share your PHI with coroners, medical examiners, and funeral directors.

- **Organ Donation:** We may share your PHI with organ procurement organizations.
- **Research:** Under certain conditions, we may use your PHI for research purposes.
- **Threat to Health or Safety:** We may use or share your PHI to prevent a serious threat to health or safety.
- **Specialized Government Functions:** We may share your PHI for military, national security, or other specialized government functions.
- **Workers' Compensation:** We may share your PHI for workers' compensation purposes.
- **Inmates:** We may share your PHI if you are an inmate of a correctional institution.

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. You may revoke your authorization in writing at any time. Your revocation will not apply to any disclosures we already made in reliance on your prior authorization.

Special Categories Requiring Authorization: Marketing communications (with limited exceptions), sale of PHI, psychotherapy notes (with limited exceptions), and any other uses not described in this Notice.

YOUR RIGHTS REGARDING YOUR PHI

- **Right to Request Restrictions:** You may request that we restrict certain uses and disclosures of your PHI. We are not required to agree to your request unless you pay out-of-pocket in full for a service and request we not share that information with your health plan.
- **Right to Confidential Communications:** You may request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests.
- **Right to Inspect and Copy:** You may request to inspect and obtain a copy of your PHI. We may charge a reasonable fee for copies. We may deny your request in limited circumstances.
- **Right to Amend:** You may request that we amend your PHI if you believe it is incorrect or incomplete. We may deny your request in certain circumstances.
- **Right to an Accounting of Disclosures:** You may request a list of disclosures we have made of your PHI for six years prior to your request (excluding disclosures for treatment, payment, health care operations, and certain other disclosures).
- **Right to a Paper Copy:** You may request a paper copy of this Notice at any time.
- **Right to Appoint a Personal Representative:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can 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 make the new provisions effective for all PHI we maintain. We will post the current Notice in our office and on our website. You may request a copy of the current Notice at any time.

CONTACT INFORMATION

If you have questions about this Notice or wish to exercise any of your rights, please 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 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

ACKNOWLEDGMENT OF RECEIPT

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

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 below:

_____

_____

Staff Signature: _____ Date: _____