**NOTICE OF PRIVACY PRACTICES**

This notice describes how health information about you may be Used and Disclosed and how you can get access to this information.

Please review it carefully. The privacy of your health information is importance to us.

***Our Pledge:***

Joyner Therapy Services (JTS) is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. JTS is required by law to abide by the terms of this Notice and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If JTS revises the terms of this Notice, it will post a revised Notice at the office and will make paper copies of the Notice of Privacy Practices for Protected Health Information available upon request.

***Uses and Disclosures of Your Medical Information:***

JTS will use your medical information as part of rendering patient care. For example, your medical information may be used by the health care professional treating you, by the business office to process your payment for services rendered and by administrative personnel reviewing the quality and relevance of the care you received.

JTS may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

* JTS may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
* JTS may disclose medical information when required by the U.S. Department of Health and Human Services as part of an investigation or determination of the company’s compliance with relevant laws.
* Unless you object, JTS may disclose to family or close personal friends the medical information directly relevant to such a person’s (your) direct care.
* JTS may disclose your medical information to a public or private entity for the purpose of coordinating with that entity to assist in disaster relief efforts.
* JTS may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. JTS may disclose your medical information to a health oversight agency for oversight activities authorized by law including audits, investigation, inspections, licensure or disciplinary action, administrative and/or legal proceedings.
* JTS may disclose your medical information for law enforcement or specialized governmental functions: military and veteran activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations and covered entities that are government programs.
* JTS may disclose your medical information to any research program you have elected to participate, coroner, or medical examiner. JTS may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or the public.
* JTS may disclose your condition/ injury/ illness/ medications/ as authorized by laws relating to workers’ compensation or similar programs.

***Your Rights Regarding Your Medical Information:***

You have the following rights with respect to your medical information:

* The right to request restrictions on certain uses and disclosures of your medical information. JTS is not required to agree to your requested restriction.
* The right to receive communications from JTS in a confidential manner.
* The right to inspect and copy your medical information. This right is subject to certain specific exemptions, and you may be charges a reasonable fee for any copies of your records.
* The right to request an amendment of your medical information. JTS may deny your request for specific reasons, and if denied JTS will provide you with a written explanation for the denial and information regarding further right you would have at that poing.
* The right to receive an accounting of the disclosures of your medical information by JTS in the past (7) years prior to your request, except for the disclosures for treatment, payment or JTS operational purposes, and for certain other specific disclosure types.
* The right to request a paper copy of this Notice of Privacy practices for Protected Health Information.
* The right to complain to JTS and/or the U.S. Department of Health and Human Services if you believe that this company has violated your privacy rights. To complain to JTS please contact the administrator at 2907 Williamson County Parkway, Marion, IL 62959. **If you choose to file a complaint, you will not be retaliated against in any way.** Additional privacy practice information, Please contact JTS Administrator.