We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We understand the importance of your medical information to you, and we are committed to protecting it.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use and disclose medical information about you for the purposes described in this Notice. We will not use or disclose your medical information about you for other purposes unless you authorization allowing us to do this.

For Treatment and Treatment Alternatives

We may use and disclose medical information for your current or future treatment. When we use your health information, we may share it with doctors, nurses, technicians, medical residents, and surgeons who need to know your health information in order to provide you with the best possible care.

We may disclose medical information to doctors, nurses, technicians, medical residents, and surgeons who need to know your health information, such as prescriptions, lab work, or medical records of your care generated by UAB Civitan/Sparks Clinics, whether a doctor treating you for a disease or condition and that you are in the hospital. In addition, we may disclose medical information to an entity assisting UAB Civitan/Sparks Clinics, to communicate with you about case management and care coordination, or for treatment alternatives.

We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.

UAB Civitan/Sparks Clinics Directory. We may include certain limited information about you in the UAB Civitan/Sparks Clinics directory. The information that we may include in the directory may include your name, location in UAB Civitan/Sparks Clinics, the services or specialty (e.g., radiology, cardiology, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to any directory that we choose to use, if we are required to do so by law.

We may disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries.

As Required By Law

We will disclose medical information about you when required by law. We may disclose your health information to a court or administrative body, if requested to do so, to carry out the activities that are necessary to prevent a serious threat to your health and safety.

We will disclose medical information about you to public or another person.

We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if it has been made to tell you about the request or to obtain an order protecting the information requested. We may disclose medical information for judicial or administrative proceedings, as required by law.

Law Enforcement

We may release medical information for law enforcement purposes as required by law, in response to a valid request from a law enforcement entity, such as a police department, a district attorney, or a grand jury.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner, or a funeral director or mortician, to identify you or to carry out your funeral arrangements as requested by law.

Organ and Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ transplants or manage tissue donors.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military authorities in connection with your military duties.

Protective Services for the President and Other High-Ranked Persons

We may release your medical information to a federal intelligence agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Workers’ Compensation

We may release medical information about you for workers’ compensation or similar programs.

We do not discriminate against you because you file a complaint regarding the Privacy Practices Notice or change your mind about the disclosure of your medical information.
Inmates or Individuals in Custody. If you are an inmate of a correctional institution within the borders of the state, you have certain rights regarding medical information we maintain about you:
- You have the right to request an “accounting of disclosures.” This is a list of disclosures made to any third party.
- Your rights regarding medical information we maintain about you:
- You have the right to request an amendment to your health information. You have the right to request that the denial be reviewed.

Your Rights Regarding Medical Information About You

Although all records concerning your hospitalization and treatment obtained at UAB Civitan/Sparks Clinics are the property of UAB Civitan/Sparks Clinics, you have the following rights regarding medical information we maintain about you:
- Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about you. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Entity Privacy Coordinator. If you request a copy (paper or electronic) of the information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another physician chosen by UAB Civitan/Sparks Clinics will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the entity.
- To request an amendment, your request must be made in writing on the required form and submitted to the Entity Privacy Coordinator. In addition, you must provide a reason that supports your request.
- To request an amendment, your request must be made in writing on the required form and submitted to the Entity Privacy Coordinator. In addition, you must provide a reason that supports your request. In addition, we may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the medical information kept by or for the entity;
  - is not part of the information which you would be permitted to inspect and copy; or
  - is accurate and complete.
- Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of disclosures made to any third party.
- Your rights regarding medical information we maintain about you:
- You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will adhere to your request regarding the information needed to provide you emergency treatment.
- To request restrictions, you must make your request in writing on the required form to the Entity Privacy Coordinator. If you request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations, you may request that the denial be reviewed.
- You have the right to request that any restrictions we agree to apply to our use or disclosure of protected health information are not used or disclosed information except to the extent that action has already been taken in reliance on your authorization.
- Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice electronically. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.