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NOTICE OF PRIVACY

Protecting the confidentiality of the information you and your healthcare providers share with us is important to Radcliff Urgent Care Clinic. 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.

Uses and Disclosures of Health Information

We use health information about you for treatment, payment, and administrative purposes. We may use or disclose identifiable health information about you without your authorization for several reasons. Subject to several requirements, we may give out health information without your authorization for public health reasons, for auditing purposes or for emergencies. We provide information when required by law, such as for law enforcement in specific circumstances.

I hereby consent to record sharing of my medical records with my primary care provider and any other relevant healthcare providers for the purpose of coordinating my care effectively.

For any reasons not required by law, or not mentioned above. We will ask for your written authorization before using or disclosing identifiable information about you. If you choose to sign an authorization to disclose information, you can later revoke the authorization to stop any further uses of discloser.

We reserve the right to change our policies at any time. Before any significant change is made, we will post notice of privacy change in the waiting area of Radcliff Urgent Care Clinic. You reserve the right to request a copy of our policy at any time. For more information, concerns or complaints regarding our privacy policy, contact management at the number in the header.

Individual rights

You have certain rights under the federal privacy standards. These include:

- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Our legal duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. Please contact management with concerns regarding our privacy practice, at the phone number/address/fax at the top of this page.

Acknowledgment of statement

I have received/read a copy of Radcliff Urgent Care Clinic's notice of privacy practices

Print name: _____

Date: _____

Signature: _____