

GOODLAND ACADEMY

1216 N 4200 RD • Hugo, Oklahoma 74743 • (580) 326-7568 • fax (580) 326-5556

email: admission@goodland.org • website: www.goodland.org

CONFIDENTIALITY STATEMENT

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.

This notice takes effect immediately and remains in effect until we replace it.

I. OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive from Goodland Academy. We need this record to provide you with quality care and comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

II. OUR LEGAL DUTY

A. Legal Requirements.

1. We must give you a copy of this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
2. Your medical information must be kept private.
3. We will follow the terms of the notice that is now in effect.
4. If our privacy practice terms are changed, we will notify you in writing and draw up a new agreement.

B. Our Legal Rights.

1. We have the right to change our privacy practices and the terms of this notice at any time, if law permits the changes.
2. We have the right to make changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including previously created or received before the changes.

III. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways we may use and disclose medical information. We will not use your medical information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at:

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- A. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people taking care of you. We may also share medical information about you to our other healthcare providers to assist them in treating you.
- B. We may use and disclose your medical information necessary for payment purposes.
- C. We may use and disclose your medical information for our healthcare operations. This may include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certifications, licenses and credentials we need to serve you.
- D. In addition to using and disclosing your medical information for treatment, payment, and healthcare operations, we may use and disclose medical information for the following purposes:
 - 1. We may disclose medical information in response to a court order, subpoena, or other lawful process, under certain circumstances. Under limited circumstances such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the information of a suspect, fugitive, material witness, crime victim, or missing person. We may share the information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.
 - 2. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

IV. YOUR INDIVIDUAL RIGHTS

- A. You have the right to look at or obtain copies of your medical information. You must make your request in writing. You may be charged a fee of \$10.00 for copies of your records in cases where records are relatively large. Mailing fees will be charged if applicable.
- B. You have the right to be notified when it is necessary to share your information for any reason.
- C. You have the right to request that we change information in your record we have provided.
- D. You have the right to file a complaint with Goodland Academy if you feel your rights have been violated. The complaint must be submitted in writing to the address given above.

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ACKNOWLEDGEMENT

By signing below I acknowledge that I have read and been given a copy of the Goodland Academy Confidentiality Statement regarding the medical information form and agree with the statements laid out therein.

Client (head of household)

Date

Client

Date

Client

Date

Client

Date

Client

Date