First Med
URGENT CARE

# First Med

## PATIENT PRIVACY NOTICE

### FIRST MED URGENT CARE, GRAHAM FAMILY MEDICINE, AND COHESIVE FAMILY MEDICINE

THE FOLLOWING NOTICE DESCRIBES THE FIRST MED HIPAA PRIVACY PRACTICES, HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals within the organization for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the organization receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Disclosure of the following PHI requires your written authorization: use of psychotherapy notes, disclosure of PHI for marketing, and disclosures that constitute a sale of PHI. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the organization to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be contacted by the organization for the purpose of raising funds to support the organization's operations. You may opt out of receiving such communications by calling the following number 580-782-3353 or by following the directions provided on the fundraising materials.
- You have the right to restrict the use of your confidential healthcare information. However, the organization may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to request changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to restrict disclosure to your health plan of any PHI created from a service that you have paid for out of pocket.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- The organization is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- The organization will notify patient(s) when a reportable breach is discovered. Notification will be made to the patient(s) as soon as possible and no later than 60 days from when the breach is discovered. Notification will include a brief description of the how breach occurred, a description of the PHI involved, and steps patient(s) should take to protect themselves from harm. The notification will also include contact information for the individual to ask questions.

- First Med shall abide by the terms of this notice. The organization reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- Health plans are prohibited from using or disclosing genetic information of an individual for underwriting purposes.
- You have the right to complain to the organization if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the organization:

  ATTN: Randy Kerr
  43155 45th Street
  Shawnee, Okla. 74804

- All complaints will be investigated. No personal issue will be raised for filing a complaint with the organization.

- You may also file a complaint with the Secretary of Department of Health and Human Services:

  Secretary of Department of Health and Human Services
  200 Independence Avenue, S.W. Washington, DC 20201
  (202) 690-7000

- For further information about this Privacy Notice, please contact:

  - Privacy Officer
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- **This notice is effective as of <u>10/26/2026</u>.**