

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

As permitted by law, we reserve the right to amend or modify our privacy practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. What-ever the reason for these revisions, we will provide you with a revised notice at your next visit. The revised policies and practices will be applied to all protected health information that we maintain.



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### Contact Us

If you have any questions regarding your patient rights or this Notice of Privacy, please contact the Privacy Officer, Renee Allen

Phone: (603) 516-2566  
Email: [rallen@goodwinch.org](mailto:rallen@goodwinch.org)



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## *Patient's Notice of Privacy*

*This Notice describes how your health information may be used and disclosed and how you can get access to this information.*

# Patient Rights

As a patient, you have the right to:



- Request that we restrict how we use or disclose your medical information
- Receive confidential communications concerning your medical condition and treatment by requesting that we use a specific telephone number or address to communicate.
- Inspect and copy your medical information (fees may apply)
- Request an amendment or submit corrections to your health information
- Receive an accounting of how and to whom your health information has been disclosed

**This health information is recorded every time you visit the health center. Typically, this record contains your symptoms, examinations, test results, and any plans for future care or treatment.**

**This information, often referred to as your health or medical record, serves as a:**

1. Basis for planning your care and treatment.
2. Means of communication among the many health professionals who contribute to your care.
3. Legal documents describing the care you received
4. Means by which a payer can verify that you actually received the services billed
5. Tool in medical education
6. Source of information for public health officials charged with improving the health of regions they serve
7. Tool to assess the appropriateness and quality of care that you received
8. Tool to improve the quality of health care and achieve better patient outcomes.



## *How We Use Your Health Information*

Our agency is dedicated to maintaining the privacy of your individually identifiable health information. We use health information about you for:

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of lab tests and procedures will be available in your medical record to all health professionals who may provide treatment. We may also send you information describing other health-related goods and services that we believe may interest you.

**Payment:** Your health information may be used to seek payment from your insurance plane and/or a another third party payer such as a grantee.

**Health Care Operations:** Your health information may be used to improve the services we provide, to train staff, for business management, quality improvement, and for customer service. Information may also be shared with public health agencies and law enforcement as required by law.