



مؤسسة الرعاية الصحية الأولية  
PRIMARY HEALTH CARE CORPORATION

Exercising your rights

## How we release information

You may always visit the Release of information section (Near the main registration counters at Health Centers) wherein you will be directed to fill the appropriate forms based on your request. The steps involved to get a copy of your health records through the process of Release of Information are the following:

01

### Request for Release of Information

Patients or Parents of patients can fill the release of information request form when they require a copy of their medical records that include but not limited to Lab result, medical report, copy of various certificates including vaccination certificates etc.

02

### Staff to verify the request

Staff will verify the identity of the requester, verify identify the requesting parent or other family members who are authorized to request on behalf of the patient. This is an important step to make sure no information will be released to an unauthorized person

03

### Release of Information

HIM staff will arrange required copies of medical records. Information is released in person through the release of information counter at health centers, or via email based on information provided by the requester in the request form.

### My Health Patient Portal

In addition to the release of information, you can also exercise your rights to access by requesting for My Health Patient Portal Request. My health portal is directly connected to your electronic medical record and you will have access to key information through My Health including latest lab results, vitals etc.

## Notice of Health Information Privacy Practice



مؤسسة الرعاية الصحية الأولية  
PRIMARY HEALTH CARE CORPORATION

## Notice of Health Information Privacy Practice



مؤسسة الرعاية الصحية الأولية  
PRIMARY HEALTH CARE CORPORATION

This notice describes the ways in which we (PHCC) use and disclose health information about you from the time you are registered for PHCC services. This notice also let you know about your rights on our own health information. Your careful review of the same is much appreciated!



## Get in touch

For queries, please visit Health Information Management section, at your registered Health Center

We reserve the right to change this Notice and the privacy practices of PHCC. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future.

## About the Notice

We at PHCC believe that your health information is personal. We are committed to respecting your privacy and keeping your health information confidential. When you become a patient of PHCC, we will use and disclose your information as described below. When we use the term “health information,” we mean information that identifies you and tells about your past and present physical or mental health or condition.

## Primary Disclosures

### Treatment:

We will use your health information to provide you with primary health services. Your information may be accessed by doctors, nurses, technicians, medical or nursing students, or administrative and support staffs who need that information to take care of you.

### Payment:

Following your authorization, we may disclose your health information to an insurance company or an administrator working on its behalf for billing purpose only so that the health care services you receive may be billed and paid for by your insurance company.

### PHCC Healthcare Related Operations

We may use or disclose your information, without your name or other characteristics, to help us operate or improve the quality of care we provide.

### Contacting You

We may use and disclose health information to [person/entity] to reach you about appointments and other matters. We may use and disclose health information about you to send you emails or SMS messages about health-related products and services available at PHCC

## Secondary Disclosures



### Business Associates and Other Healthcare Organizations

There are certain patient care services provided through contracts with our business associates. We may disclose your health information to our business associates in secured way including the use of Health Information Exchange (HIE) services so that they can perform these services in support of your care.



### Research

Our clinical researchers may look at your health records to prepare or perform research; however. We will not use your identification information or disclose any information outside PHCC for research reasons without obtaining your prior written approval or determining that your privacy is protected.



### Law Enforcement and Legally Required Disclosures

We will disclose health information about you when PHCC is required to do so by law or a court, or other law enforcement agencies. We may also disclose your health information to law enforcement (E.g. Identification information about suspected victim of crime)



### Health Oversight

We may disclose health information about you for public health reasons, such as reporting births and deaths, immunizations, health prevention screening and communicable diseases. We may disclose health information to Ministry of Public Health or its approved departments/agencies for activities authorized by Ministry



### To Avert Threats & Other Disclosures

We may use and disclose health information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of another person or the public. Disclosures that do not fall into above will be made only with your written authorization.

## Patient Rights on Information

The health record we compile while caring for you is our business record and the property of PHCC. You have the following rights with regard to that information, however:



### Right to get a copy and inspect

You have the right to inspect or obtain a copy of certain information we maintain about you. We may require you to make your request in writing and we may charge you a reasonable fee if applicable.



### Right to have Access to Patient Portal and Services

You have the right to request to get online patient portal services that include My Health Patient portal and PHCC's e Services Nar'aakom.



### Right to get an accounting of Disclosures

You have the right to view or obtain a copy of the list of disclosures we have made from your health information for the purposes other than treatment, release to court/law enforcement, health oversight department and upon your own request for release.



### Right to request a disclosure

You have the right to request that we disclose your health information to persons or entities of your choosing. For example, you may want your spouse, adult son, or daughter to have a copy or view of your health records



### Right to request an amendment or addendum

If you think the health information, we have about you is incorrect or incomplete, you may ask that it be corrected/amended in consultation with your treating physician