

Family Medicine East, Chtd.

NOTICE OF PRIVACY PRACTICES

Effective Date: March 1, 2017

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR CONTACT

If you have any questions about this notice, please contact our Information Security and Privacy Officer at Family Medicine East, Chtd. 1709 S. Rock Road, Wichita, KS. 67207, (316) 682-7411, breheis@familymedicineeast.com

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting the privacy of this information. Each time you visit Family Medicine East, Chtd. we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Family Medicine East, Chtd. whether made by health care personnel or your physicians.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

OUR RESPONSIBILITIES

Our primary responsibility is to safeguard your personal health information. We must also give you this notice of our privacy practices, and we must follow the terms of the notice that is currently in effect.

Changes to this notice- We reserve the right to change this notice. 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. We will post a copy of the current notice in our facility. A copy of the current notice in effect will also be available at the registration area.

You have the right to file a complaint- If you believe your privacy rights have been violated, you may file a complaint with our facility. This complaint must be in writing to:

Information Security and Privacy Officer, Family Medicine East, Chtd., 1709 S. Rock Rd. Wichita KS 67207.

You also have the right to complain to the:

Secretary of the Department of Health and Human Services, 200 Independence Ave. S.W. Washington D.C. 20201 Phone: (202) 619-0257

There will be no retaliation for filing a complaint.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we can use your health information within Family Medicine East, Chtd. and disclose your health information to persons and entities outside of Family Medicine East, Chtd. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

WITH YOUR WRITTEN ACKNOWLEDGMENT OF OUR INFORMATION PRIVACY PRACTICES:

In compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain in writing, your acknowledgement of receipt of our Notice of Privacy Practices when you first visit Family Medicine East, Chtd. The Notice of Privacy Practice and the Acknowledgement of Receipt are necessary to allow us to use your health information within Family Medicine East, Chtd. and to disclose your health information outside Family Medicine East, Chtd. **TREATMENT** - We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you during your visit with us. If we schedule you to see a provider outside our facility it may be necessary to forward pertinent information about you to that facility. **PAYMENT** - We may use and disclose health information about you so the treatment and service you receive at our health care facility may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan. **HEALTH CARE OPERATIONS** - We may use and disclose health information about you for health care operations, including quality assurance activities; licensing activities; administrative activities; including Family Medicine East, Chtd. financial and business planning and development; customer service activities, including investigation of complaints; and certain marketing and fundraising activities, etc. These uses and disclosures are necessary to operate our health care facility and make sure all of our patients receive quality care. **BUSINESS ASSOCIATES** - There are some services provided in our organization through contract with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, etc. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract that states they will appropriately safeguard your information.

APPOINTMENT REMINDERS - We may disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at our facility. Unless you request otherwise, we may leave a message on an answering machine or with another person who may answer the phone identifying our office and asking you to return a call.

FUNDRAISING - We may contact you as part of a fundraising effort. If you receive a communication from us for either marketing or fundraising purposes, you will be told how you can opt out of any further marketing or fundraising communication.

RESEARCH - Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may use or disclose your information for research purposes without your written authorization in three circumstances: (a) if, as the result of a special review process, it has been determined by an Institutional Review Board or Privacy Board that the research study protocol incorporates sufficient privacy protections so that the authorization requirement may be waived; (b) such use or disclosure is preparatory to research, and no information will be removed from our facility; and (c) certain limited review of information relating to deceased individuals. A member of our workforce may discuss with you the opportunity to participate in a research project, but will not ask any researcher to contact you without your express written authorization.

WITH YOUR VERBAL AGREEMENT-INDIVIDUALS INVOLVED IN CARE/PAYMENT- We may disclose health information about you to a friend or family member, who is involved in your medical care or helps pay for your care, unless you tell us in advance not to do so. In addition, we may disclose health information about you to any entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location. If you are able and available to agree or object, we will give you the opportunity prior to making notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

WITH YOUR SPECIFIC WRITTEN “AUTHORIZATION”

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called “authorization”). If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Some typical disclosures that require your authorization are as follows:

MARKETING – We will disclose information about you for marketing purposes only in accordance with the federal Privacy Act. In general, the Privacy Act requires your written authorization for such disclosures except under certain circumstances such as face to face communication and promotional gifts.

SALE – We will not sell your health information without your written authorization.

DRUG & ALCOHOL ABUSE -We will disclose drug and alcohol treatment information about you only in accordance with the federal Privacy Act. In general, the Privacy Act requires your written authorization for such disclosures.

DISCLOSURE OF MENTAL HEALTH INFORMATION - We will disclose mental health treatment information (i.e., psychotherapy notes) about you only in accordance with state law. In most cases, state law requires your written authorization or the written authorization of your representative for such disclosures.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR INFORMATION CONSENT OR AUTHORIZATION - The following disclosures of your health information are permitted by law without any oral or written permission from you: **ORGAN AND TISSUE DONATION** - If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation. **MILITARY AND VETERANS** - If you are a member of the armed forces, we may release health information about you as required by military command authorities. **WORKERS COMPENSATION** - We may release health information about you for worker’s compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries. **EMPLOYERS** - We may release your health information to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work related illness or injury. In such circumstances we will give you written notice of such release upon request. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer. **SURVEYS** - We may use and disclose health information about you to contact you to assess your satisfaction with our services. **AVERTING SERIOUS THREAT** - We may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat. **PUBLIC HEALTH ACTIVITIES** - We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse (including elder abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES - We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES - If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena; discovery request or other lawful process by someone else involved in the dispute. We would only disclose this information if efforts have been made to tell you about the request to allow you to obtain an order protecting the information requested.

LAW ENFORCEMENT - We may disclose health information if asked to do so by law enforcement officials for the following reasons; (1) in response to a court order, subpoena, warrant, summons, or similar process, (2) to identify or locate a suspect, fugitive, material witness or missing person. (3) about the victim of a crime if, under certain circumstances, we are unable to obtain the person’s agreement, (4) about a death we believe may be the result of a criminal conduct, (5) about criminal conduct at our facility. In emergency circumstances to report a crime, the location of the crime or victims, or the identity, descriptions or location of the person who committed the crime.

CORONERS AND MEDICAL EXAMINERS- We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral home directors as necessary to carry out their duties.

NATIONAL SECURITY - We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

INMATES - If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement officials. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

REQUIRED BY LAW - We will disclose health information about you without your permission when required to do so by federal, state, or local law.

OTHER DISCLOSURES – Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Family Medicine East, Chtd. the information belongs to you.

YOUR RIGHTS REGARDING ELECTRONIC HEALTH INFORMATION EXCHANGE

Family Medicine East, Chtd. participates in the electronic health information exchange, or HIE. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIE:

1. You may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.
2. You may restrict access to all of your information through an HIO (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form available at <http://www.khie.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIE or HIOs, please visit <http://www.khie.org> for additional information.

Even if you restrict access through an HIO, providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

You have the right to:

1. **RESTRICTIONS** - Request a restriction on certain uses and disclosures of your information.
You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. We are not required by law to agree to your request except under limited circumstances. For example, we must agree to your request to restrict disclosures about you to your health plan for purposes of payment or healthcare operations that are not required by law if the information pertains solely to a health care item or service for which you have paid us in full out of pocket. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
2. **COPY** - Obtain a copy of this Notice of Privacy Practices upon request.
3. **INSPECT** - Inspect and request a copy of your health record for a fee. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that another health care professional chosen by someone on our health care team review the denial. We will abide by the outcome of that review.
4. **AMEND** - Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our health care team, is not part of the information kept by our facility, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record.
5. **ACCOUNTING** - Obtain an accounting of disclosures of your health information. The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations.
6. **COMMUNICATIONS** - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our office. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
7. **REVOCATIONS** - Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
8. **BREACH** – Receive notification if your health information is disclosed as a result of a data breach.