

*KANSAS MEDICAL CLINIC, P.A.*  
*NOTICE OF PRIVACY PRACTICES*

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.

Uses and Disclosures

This office is permitted by federal privacy laws to make uses and disclosures of your Protected Health Information for purposes of treatment, payment and health care operations (TPO). Protected Health Information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. An example of how Kansas Medical Clinic, P.A. (KMC) may use your Protected Health Information for treatment is providing it to a specialist. We might have to send information regarding your medical care to your insurance company to receive payment. KMC obtains services from other business associates such as quality assessment and improvement, credentialing, medical review, legal services and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

We participate in the electronic sharing of health information with other health care providers and health plans in the State of Kansas through an approved health information organization (HIO). Unless you direct otherwise, your electronic health records will be accessible through the HIO to properly authorized users for purposes of treatment, payment, and health care operations only. **If you want to restrict access to your records through the HIO, you must submit a request for restriction through KanHIT. Visit [www.KanHIT.org](http://www.KanHIT.org) - for more information.** Even if you restrict access, your information still will be available through the HIO by a properly authorized individual as necessary in the event of an emergency when consent cannot be obtained or to report specific information to a government agency as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse). For your protection, each request for restrictions is subject to verification procedures. Please allow sufficient time for your request to be processed. Your failure to provide all information required for verification may result in additional delay or denial of your request.

Other Uses and Disclosures for which KMC is permitted or required to use or disclose confidential information without your written authorization are listed below.

**Public Health** –As authorized by law, we may disclose your Protected Health Information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

**Abuse & Neglect** –We may disclose your Protected Health Information to public authorities as allowed by law to report abuse or neglect.

**Health Oversight** -Federal law allows us to release your Protected Health Information to appropriate health oversight agencies or for health oversight activities. This includes disclosure to the Food and Drug Administration relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information.

**Judicial/Administrative Proceedings** -We may disclose your Protected Health Information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

**Law Enforcement** -We may disclose your Protected Health Information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement. If you are an inmate of a correctional institution, we may disclose to the institution or its agents the Protected Health Information necessary for your health and the health and safety of other individuals.

**Decedents** -We may release Protected Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release Protected Health Information about patients to funeral directors as necessary for them to carry out their duties.

**Organ Procurement Organizations** –Consistent with applicable law, we may disclose your Protected Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Serious Threat** -To avert a serious threat to health or safety, we may disclose your Protected Health Information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public. We may also use and disclose your Protected Health Information to assist in disaster relief efforts.

**Specialized Government Functions** -We may disclose your Protected Health Information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

**Workers Compensation** -If you are seeking compensation through Workers Compensation, we may disclose your Protected Health Information to the extent necessary to comply with laws relating to Workers Compensation.

**Employers** –Except in cases involving workers' compensation, disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Separate Uses

**Notification** -Unless you object, we may use or disclose your Protected Health Information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death. Our patient information sheet asks you to list those family members or friends that you are comfortable with us communicating with regarding your health care. However, using our best judgment, we may disclose to family members, or close personal friends, Protected Health Information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency. An example of this would be allowing a family member to pick up medical information from our office to go to a specialist you need to see when we know that the family member is aware of your medical situation and assisting you to obtain health care. Please notify us immediately if there is someone that you absolutely do not want us to communicate with regarding your Protected Health Information.

**Other Uses** –Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as provided in this Notice under "Individual Rights."

Appointment Reminders -KMC may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave messages regarding these services on answering machines or send them through the mail unless specifically asked not to in writing by you.

#### Individual Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

- \*Request a restriction on certain uses and disclosures of your health information by delivering the request to our office. We are not required to grant the request, but we will comply with any request granted.
- \*Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office.
- \*Request that you be allowed to inspect and copy your health record and billing record -you may exercise this right by delivering the request to our office.
- \*Appeal a denial of access to your Protected Health Information, except in certain circumstances.
- \*Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that: a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment b) is not part of the Protected Health Information kept by or for the office; c) is not part of the information that you would be permitted to inspect and copy; d) is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- \*Receive confidential communications.
- \*Request that communication of your Protected Health Information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- \*Obtain an accounting of disclosures of your Protected Health Information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.
- \*Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information has been disclosed or action has already been taken.

If you want to exercise any of the above rights, please contact the Privacy Officer, Administrator at (785) 232-4248 at 620 SE Madison; Topeka, KS 66607, in person or in writing, during regular, business hours. That person will inform you of the steps that need to be taken to exercise your rights.

#### Kansas Medical Clinic, P.A.

##### Responsibilities The office is required to:

- \*Maintain the privacy of your Protected Health Information as required by law.
  - \*Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
  - \*Abide by the terms of this Notice.
  - \*Notify you if we cannot accommodate a requested restriction or request.
  - \*Accommodate your reasonable requests regarding methods to communicate Protected Health Information with you.
- We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the Protected Health Information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

#### To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Administrator at (785) 232-4248 x316. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to KMC Administrator, 620 SE Madison, Topeka, KS 66607. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address and e-mail address is: 200 Independence Avenue, S.W., Washington, D.C. 20201 or [www.hhs.gov](http://www.hhs.gov).

- \*We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Website -You may also access the most current revision of this Notice on our website at [www.kmcpa.com](http://www.kmcpa.com).

Effective Date- This Notice is first in effect on April 14, 2003.