

NOTICE OF PRIVACY PRACTICES

Effective Date: June 24, 2016

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.*

If you have any questions about this notice, please contact:

Health Ministries Clinic, Inc.
Attention: Privacy Officer
720 Medical Center Dr., Newton, KS 67114
Tel: 316-283-6103 Fax: 316-283-1333

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made and typically contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. These records are necessary for the healthcare provider to provide you with quality care and to comply with certain legal requirements.

We are committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received by Health Ministries Clinic ("HMC"). Other healthcare providers from whom you obtain care and treatment may have different policies/notices regarding the use and disclosure of your health information created or received by that provider. Also, health insurance plans may have different policies concerning information they receive.

This notice will tell you about the ways that 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 your health information.

We are required by law to maintain the privacy of your health information; to give you this notice of our legal duties and privacy practices, and make a good faith effort to obtain your acknowledgement of receipt of this notice; to notify affected individuals following a breach of unsecured protected health information; and to follow the terms of the Notice that is currently in effect.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Right To Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your health information, you must complete a written *Release of Information* form to provide the information we need to process your request. To obtain this form or to obtain more information about this process, please contact the Privacy Officer listed at the top of this first page. For a paper copy of the information, we may charge a fee for the associated costs of copying, mailing, or other supplies and services. We may require that you pay the fee before you receive the requested copies.

For health information that is maintained in an electronic format (such as an electronic health record), you have the right to request that an electronic copy of the health information be provided to you or someone that you designate, in the form and format that you request. If the form and format that you request is not readily producible, we will provide it in either our standard electronic format or, if you decline this format, in a readable paper document. We reserve the right to choose the media (such as CD or USB flash drive) on which the electronic health information will be provided. We have the right to charge a reasonable, cost-based fee for providing the electronic health information.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by HMC (not the person who denied your request) will review your request and denial. We will comply with the outcome of the review.

- **Right To Request Amendment.** If you believe our records contain information about you that is incorrect or incomplete, you may ask us to amend the information. You may request an amendment for as long as the information is kept by or for HMC.

To request an amendment: Contact HMC's Privacy Officer to complete a *Request to Amend Protected Health Information* form; include the reason for your request. We may deny your request for an amendment if you fail to complete the required form in its entirety. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available

- Is not part of the health information kept by or for HMC
- Is not part of the information that you would be permitted to inspect and copy
- Is already accurate and complete

If your request is denied, you will be informed of the reason, and will have an opportunity to submit a statement of disagreement to be maintained with your records.

- **Right to a Record of PHI Disclosures.** You have the right to request a "Record of PHI Disclosures." This is a list of the instances when we shared health information about you, with certain exceptions specifically defined by law.

To request this list of disclosures: Contact our Privacy Officer for a *Request for Records of Disclosure of Protected Health Information* form or more information. Complete the form and submit it to the Privacy Officer. Your request must state a time period, which may not be longer than six years. Indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for our costs. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except for restrictions from your insurance company for services paid out-of-pocket in full, when the request is made in writing at the time of the services, or at the time of planning follow-up services on which you are requesting a restriction. If we do agree, we will restrict the information you request unless needed to provide you emergency treatment.

To request restrictions or for more information: Contact HMC's Privacy Officer. You must complete and submit the *Request to Restrict Disclosure of Protected Health Information* form to make your request.

Right to Request Alternative Methods of 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 can ask that we only contact you at work or by mail.

To request an alternative method of communications: Please contact HMC's Privacy Officer to complete and submit a *Request for Alternative Communication* form. State how, when, or where you wish to be contacted. We will not ask you the reason for your request.

Rights Relating to Electronic Health Information Exchange. HMC participates in an electronic Health Information Exchange (HIE). New technology allows a provider or a health plan to make a single request through a Health Information Organization (HIO), to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, or health care operations.

You have two options with respect to HIE. First, you can permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you can restrict access to all of your electronic health information (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. Your decision to restrict access through an HIO does not impact other disclosures of your health information. Providers and health plans may still 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 about what action, if any, you need to take to restrict access.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, and may ask us for a copy at any time, even if you have agreed to receive this notice electronically. To obtain a paper copy, contact HMC's Privacy Officer.

COMPLAINTS. If you believe your rights with respect to health information about you have been violated by HMC, you may file a **written** complaint with HMC or with the Secretary of the Department of Health and Human Services. To file a written complaint with HMC, talk to HMC's Privacy Officer. **You will not be penalized for filing a complaint.**

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR SPECIFIC AUTHORIZATION. The following categories describe different ways that we are permitted to use and disclose health information without a specific authorization from you. If you desire to restrict our disclosure of your health information for any of these purposes, please submit a *Request to Restrict PHI* form as described above.

- **For Treatment.** We may use information about you to provide your medical treatment or services. We may disclose your health information to nurses, technicians, or other personnel who are involved in your care at HMC. Different departments of HMC may share your health information in order to coordinate things you need such as prescriptions, lab work, and x-rays.

We also may disclose your health information to people outside HMC who may be involved in your care such as family members, friends, or people we use to provide services that are part of your care. You have the opportunity, however, to restrict such communications. We may disclose health information about you to other health care providers who request the information for purposes of providing your medical treatment.

- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at HMC may be billed to and payment may be collected from you, an insurance company, or other third party. For example, we may need to give your health plan information about your treatment so they will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. If you pay out-of-pocket in full for services received at our office, and you request a restriction of the information that we give your health care plan at the time of service or at the time of planning follow-up services, we are required by HIPAA to accept your restriction. You must make your request in writing as noted above to HMC's Privacy Officer. We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and service they provide to you.

- **For Health Care Operations.** We may use and disclose your health information for our internal operations as necessary to run HMC, and to make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services, and to evaluate performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other health care providers to compare how we are doing, and see where we can improve the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without knowing who the patients are.

We may disclose health information about you to another health care provider or your health plans for purposes of that provider's or plan's internal operations.

- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment at HMC. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine identifying HMC and asking you to return our call. Unless you instruct us otherwise, we will not disclose any health information to anyone else who answers your phone, except to leave a message for you to return the call.

- **Surveys.** We may use and disclose health information to contact you to assess your satisfaction with our services.

- **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you, or to provide you with promotional gifts of nominal value.

- **Business Associates.** There are some services provided in our organization through contracts or arrangements with our business associates. For example, we may contract with a copy service to make copies of your health record. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

- **Individuals Involved In Your Care or Payment For Your Care.** We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- **Research.** Under certain circumstances, we may use and disclose your health information for research purposes. For example, a research project may compare the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects are subject to a special approval process which evaluates a proposed research project and its use of health information, trying to balance research needs with patients' need for privacy.

Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave HMC. We will almost always ask for your permission if the researcher will have access to information that reveals who you are, or will be involved in your care.

- **As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may use or disclose 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. We may release health information about foreign military personnel to the appropriate foreign military authority.
- **Employers.** We may release your health information to your employer if we provide health care services to you at your employer's request, and if 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 of information to your employer. 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.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health information about you for public health activities, including:
 - to prevent or control disease, injury, or disability
 - to report births and deaths
 - to report child abuse or neglect
 - to report reactions to medications or problems with products
 - to notify people of recalls of products they may be using
 - to notify a person who may have been exposed to a disease or 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, 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 such as 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 dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, or similar process
 - To identify or locate a suspect, fugitive, material witness, or missing person
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
 - About a death we believe may be the result of criminal conduct
 - About criminal conduct at HMC
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner when necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about HMC patients to funeral directors as necessary for them to carry out their duties.
- **National Security and Intelligence Activities.** We may release health information about you to authorized federal

officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, foreign heads of state, or to conduct special investigations.
- **Inmates/Persons In Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF HEALTH INFORMATION. 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 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. Of course, we are unable to take back any disclosures we have already made with your permission, and that we are required to retain for our records of the care that we provided to you.

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 at our facility and on our website. The effective date of this Notice is located on the first page.

ACKNOWLEDGEMENT. You will be asked to provide a written acknowledgement of your receipt of this Notice. We are required by law to make a good faith effort to provide you with our Notice and obtain acknowledgement from you. However, your receipt of care and treatment from HMC does not depend on your providing the written acknowledgement.