

Family Center for Health Care - Notice of Privacy Practices

Patient Summary

We understand that medical information about you is personal. Clinic employees are committed to protecting your personal health information and privacy.

We will use your information to provide you care and treatment, create a record of the care and services you receive, bill your insurance in a timely fashion and operate our facility in a diligent manner.

We will safeguard your information and share it only with those who need or are entitled to know. We will obtain your permission for other use or disclosure.

You may ask to see, change, restrict or obtain a copy of your information and file a formal complaint if we fail to assure your privacy or information confidentiality.

For more details, please read this [Notice of Privacy Practices](#).

If you have any questions, please contact Scott Focke, Clinic Manager

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.

This Clinic provides health care to our patients in partnership with physicians and other professionals and organizations involved in your care. Our Privacy Practices guide:

- Any health care professional who treats you at any of our locations.
- All departments and units of our organization, including all off-campus units or departments.
- All staff or volunteers of our organization.

We are required by law to:

- Keep medical information about you private.
- Provide you this notice of our legal duties and privacy practices with respect to medical information about you.
- Notify all affected individuals following a breach of their unsecured medical information.
- Follow the most stringent state or federal laws.
- Abide by our currently published Notice of Privacy Practices.

We may change our policies at any time. Changes will apply to medical information we already have. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our web site at <http://www.nwkshealthcare.com/family-center>. You can receive a copy of the current notice at any time. You will be offered a copy of the current notice at the time of initial treatment. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you.

- We may use and disclose medical information about you for treatment (example, sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (example, sending billing information to your insurance company or Medicare); and to support our health care operations (example, using patient information to improve quality care). As described in the section entitled “Your rights regarding medical information about you”, you may request a restriction of uses and disclosures of your health information to your health plan.
- We may disclose your medical information to a Business Associate who creates, receives, maintains or transmits medical information to perform a health-related function or activity for us. When we involve third parties in our business activities, we will ask them to sign a Business Associate Agreement. Business Associates are obligated by the Health Insurance Portability and Accountability Act (HIPAA) to safeguard your medical information to many of the same legal standards that we must follow. Disclosures will be limited to the minimum necessary to perform the function or activity for us.
- We may disclose your medical information to the extent that its use or disclosure is required by law.
- We may disclose your medical information to an authorized public health authority to prevent or control disease, injury or disability. We may also disclose your medical information to an authorized public health authority to report communicable diseases so that persons at risk of contracting or spreading a disease or condition may be notified.

- We may disclose your medical information to an authorized public health authority to comply with state child or adult abuse or neglect laws. We are obligated to report suspicion of abuse and neglect to the appropriate regulatory agency.
- We may disclose your medical information to a person or company as required by the Food and Drug Administration to report adverse events, product defects or problems, or biologic product deviations as well as to track product usage; enable product recalls, repairs or replacements; or to conduct post-marketing surveillance.
- We may disclose your medical information to your employer if your health care was provided at the request of your employer to conduct an evaluation relating to medical surveillance of the workplace or a work-related illness or injury. We may also disclose your medical information as authorized to comply with worker's compensation laws.
- We may disclose your medical information to a health oversight agency for audits, investigations, inspections, licensure and other activities necessary for the appropriate oversight of the health care system and government benefit programs such as Medicare and Medicaid.
- We may disclose your medical information in the course of any judicial or administrative proceeding in response to a court order expressly directing disclosure. We may also disclose your medical information in response to a subpoena, discovery request or other lawful process. We may also use or disclose your medical information to defend ourselves in the event of a lawsuit.
- We may disclose your medical information to a law enforcement officer for law enforcement purposes if required by law or a court order, if you or your representative authorize the disclosure, or if we determine in the exercise of our professional judgment that the disclosure is in your best interests even though we are unable to obtain your agreement because of incapacity or other emergency circumstance.
- We may disclose your medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other lawful duties. We also may disclose your medical information to enable a funeral director to carry out his or her lawful duties.
- We may disclose medical information to organ banks for cadaveric organ, eye, bone, tissue and other donation purposes.
- We may disclose your medical information for certain medical or scientific research where approved by an institutional review board and where the researchers have a protocol to ensure the privacy of your medical information. We may permit researchers to look at medical information to help them prepare for research or assist in development of a research protocol as long as they do not remove, or take a copy of, any medical information.
- We may disclose your medical information if we believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; the disclosure will be to a person or persons reasonably able to prevent or lessen the threat.
- We may disclose the medical information of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your medical information to certain federal officials for lawful intelligence and other national security activities.
- We may use or disclose medical information if you are an inmate of a correctional facility and we created or received your medical information in the course of providing care to you while in custody.
- If you are incapacitated and require emergency medical treatment, we will use and disclose your medical information to ensure you receive the necessary medical services. We will attempt to obtain your consent as soon as practical following your treatment.
- If we try but cannot obtain your consent to use or disclose your medical information because of substantial communication barriers and your health care provider, using his or her professional judgment, infers that you consent to the use or disclosure of your medical information or the health care provider determines that a limited disclosure is in your best interests, we may permit the use or disclosure.
- We must disclose your medical information to the Secretary of the United States Department of Health & Human Services and/or State Attorneys General to investigate or determine our compliance with HIPAA and other privacy laws.

- We may also contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you.
- We may disclose medical information about you to a friend or family member who is involved in your medical care or to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of medical information.

- In any other situation not involving routine care, financial and insurance matters or clinic operations, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision. We will not use or disclose your medical information for marketing purposes or sell it without your written authorization.

Your Rights Regarding Electronic Health Information Exchange:

FCHC participates in 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. First, 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. Second, 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://khap.kdhe.state.ks.us/public/hie>. 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.kanhit.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

Your rights regarding medical information about you.

- In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, after you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- For medical 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 medical 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 decide the media (such as a CD or USB flash drive) on which the electronic medical information will be provided.
- If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to correct or amend the record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that your record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure. The written request must state the time period desired for the accounting, which must be less than a 6-year period. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- If this notice was sent to you electronically, you have the right to a paper copy of this notice.

- You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- You may request, in writing, that we not use or disclose medical information about you for treatment, payment or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. If you have paid for your health services out of pocket in full and you ask us to restrict the use and disclosure of your medical information to a health plan, we will comply with this request. All other requests will be considered but we are not legally required to accept it. We will inform you of our decision on your request.
- All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this notice.

Complaints

- If you feel that your privacy rights may have been violated and wish to file a complaint, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed below).
- Finally, you may send a written complaint to the U.S Department of Health and Human Services Office of Civil Rights. Under no circumstance will you be penalized or retaliated against for filing a complaint.

Privacy Officer
785-462-7511
100 E College Dr.
Colby, KS 67701

US Department of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201

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