

Southeast Kansas Orthopedic Clinic
P.O. Box 678
Parsons, KS 67357
620-421-0881

Notice of Privacy Practices

Effective Date: 4/1/10

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.

We are committed to protecting the privacy of our patients, including former patients. We maintain policies regarding confidentiality of health and financial information. All of our employees are required to maintain the confidentiality of all patients' health and financial information.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health and related health care services.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses and disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We will use and disclose your medical information to provide you with medical treatment or services. We may disclose medical information to other doctors, nurses or hospital personnel who are involved in your care. We may also disclose medical information about you to people who are involved in your care at home such as physicians, family members, or others we use to provide services that are part of your care. For example, we would disclose our medical information, as necessary, to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed to and payment may be collected from an insurance company or third party. For example, obtaining approval for a hospital stay or surgery may require that your medical information be disclosed to your health plan to obtain approval.
- **For Health Care Operations:** We may use or disclose medical information about you in order to support the business activities of our practice and to see that all of our patients receive quality care. For example, we may disclose your medical information to orthopedic residents that see patients in our office for education purposes. We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you.

We may share your medical information with third party "business associates" that perform various activities (billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use and disclosure of your medical information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

- **Appointment Reminders:** We may use or disclose medical information about you to contact you as a reminder that you have an appointment for treatment or medical care. For example, we may leave your appointment date, appointment time, and the physician's name on your answering machine to remind you of an upcoming appointment.
- **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. For example, your name or address may be used to send you a newsletter about our practice and the services we offer.
- **As Required by Law:** We will disclose medical 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 medical 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.
- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or transplantation or to an organ donor 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 medical information about you as required by military command authorities.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities may include: to prevent or control disease, injury or disability, report child abuse or neglect, to notify people of recalls, or to report reactions to medications.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include, for example, 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 law.
- **Legal Proceedings:** We may disclose medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a court order. These law enforcement purposes include: (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) emergency (not on the Practice's premises) and it is likely that a crime has occurred.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose medical information to a coroner or medical examiner for identification purposes, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also release medical information to funeral directors as necessary to carry out their duties.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.
- **Research:** We may disclose medical 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 medical information. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care except for preparatory research when identifying if you are an eligible research candidate. If you are identified as a prospective research candidate we will discuss with you the option of participation.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOURSELF

The health and billing records we maintain are the physical property of this clinic. The information in it, however, belongs to you. You have the following rights:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical 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 medical information, you must submit your request to this clinic in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. You can review your records at no charge at an agreed upon date and time. We require 7-10 working days to copy records or to honor a request to review your records.

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

- **Right to Amend:** If you feel that medical information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this practice.

To request an amendment, your request must be in writing and submitted to this office. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. 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 to make the amendment
- Is not part of the medical information kept by or for our practice
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

- **Right to Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list, you must submit your request to this clinic. Your request must state a time period which may not be longer than six years and may not include dates before January 1, 2002. The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost and you may choose to withdraw or modify your request.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical 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 medical 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.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to this office.

- **Right to Request Confidential 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 only by mail.

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 medical information we already have about you as well as any information we receive in the future. We will post a current notice in the waiting room. The notice will contain the effective date in the upper right corner of the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, Diana Spielbusch, or the U.S. Department of Health and Human Services (HHS). All complaints should be submitted in writing. You will not be penalized for filing a complaint. Complaints may be filed with the U.S. Department of HHS at the following address:

Region V, Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601