

**Notice of Privacy Practice of
PrairieStar Health Center (PSHC)
Effective April 14, 2003
Updated February 9, 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.

By law PSHC is required to maintain the privacy of Protected Health Information (PHI) and to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individual following a breach of unsecured PHI. Other uses and disclosures not described in this notice will be made only with your authorization.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

Each time you visit a hospital, physician, or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It also includes billing documents for these services.

TREATMENT: We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to other persons or organizations involved in your treatment, such as other health care providers, family members, and friends.

We may use and disclose health information to discuss with you treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine or text message identifying PSHC and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.

PAYMENT: Our practice may use and disclose your PHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify you are eligible for benefits and we may provide them with details regarding your treatment to determine if your insurer will pay for your treatment. We may provide information to other health care providers to assist in obtaining payment for services they provided you.

HEALTHCARE OPERATIONS: Our practice may use and disclose your PHI to operate

our business. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also use and disclose your health information for educational, business planning and compliance plan purposes. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

BUSINESS ASSOCIATES: Our practice sometimes contracts with third party business associates for services. Examples include answering services, transcriptionists, billing and collection services, consultants and legal counsel. We may disclose your PHI to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

TREATMENT ALTERNATIVES: We may contact you to provide information about treatment options or alternatives.

HEALTH RELATED BENEFITS: Your PHI may be disclosed to inform you about health related benefits or services which may be relevant or of interest to you.

FRIENDS AND FAMILY: PSHC may release certain limited information about you while you are a patient in our clinic. This information may include your name, appointment date and/or time, and whether or not you are in the building. An example of this would be if a person called us to ensure they were coming to the right place to give the patient a ride home. If you do not want us to release this information, you must let the HIPAA officer know of this request in writing. We may release health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. The amount of information disclosed will depend on that person's particular involvement in your care. If you want this information restricted, you must tell us by using the required procedure.

FUNDRAISING: We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for PSHC. You have a right to opt out of receiving such fundraising communications

REQUIRED BY LAW: We will use and disclose your information as required by federal, state or local laws.

PUBLIC HEALTH ACTIVITIES: We may disclose information about you for public health activities including:

- To public health authority authorized by law to collect information for the purpose of preventing or controlling disease, injury or disability.



- To appropriate authorities authorized to receive reports of child abuse or neglect
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To FDA regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA regulated products.

ABUSE, NEGLECT OR DOMESTIC VIOLENCE: We will notify appropriate government agencies and authorities if we believe a person has been the victim of abuse, neglect or domestic violence. We will make this disclosure when required by law or if you agree to the disclosure or when authorized by law and in our professional judgment disclosure is required to prevent serious harm.

HEALTH OVERSIGHT ACTIVITIES: We may disclose information to a health oversight agency for activities authorized by law. 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 laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: If you are involved in a lawsuit or dispute, we may be required to disclose your health information to a court or for an administrative hearing. We may also disclose information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

LAW ENFORCEMENT: We may release certain information if asked to do so by a law enforcement official:

- As required by law, including reporting wounds and physical injuries.
- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime if we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement.
- To alert authorities of a death we believe may be the result of criminal conduct.

- Information we believe is evidence of criminal conduct occurring on our premises.
- 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.

DECEASED INDIVIDUALS: We may release information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.

ORGAN, EYE OR TISSUE DONATION: We may release information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

RESEARCH: Under certain circumstances, we may use or disclose your PHI for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

MILITARY AND VETERANS: We may disclose PHI if you are a member of US or foreign military forces or a veteran and if required by the appropriate authorities.

Inmates: We may disclose PHI to CORRECTIONAL institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official and such information is necessary for them to carry out certain functions such as providing health care services to you, providing for the safety and security of the institution and protection of the health and safety of you and other individuals

SERIOUS THREATS TO HEALTH OR SAFETY: Under certain circumstances, we may use or disclose your PHI to avert a serious threat to your health and safety or the health and safety of another individual or to the public if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

SPECIALIZED GOVERNMENT FUNCTIONS: We may release information about you to authorized Federal Officials for intelligence, counterintelligence and other national security activities authorized by law

WORKERS COMPENSATION: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

DISASTER RELIEF: We may use or disclose your PHI in disaster relief situations where disaster relief organizations seek your PHI

to coordinate your case or notify family and friends of your location and condition.

INDIVIDUAL RIGHTS

ACCESS TO MEDICAL INFORMATION. You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If you request copies, you must do so in writing and we may charge you a copying fee. If you are denied access to medical information, you may request that the denial be reviewed. If the information is maintained in an electronic health record, you may request that an electronic copy of your records be sent to you or to another individual or entity. We may charge you a reasonable cost based fee.

AMENDMENT. You may request that we amend certain medical information that we keep in your records if you believe it is incorrect or incomplete. Your request must be made in writing. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

ACCOUNTING. You have the right to receive an accounting of certain disclosures of your medical information made by us. In order to obtain an accounting of disclosure, you must make a written request. The first accounting of disclosure you request within any 12 month prior is free of charge. For additional requests, we may charge a fee.

ALTERNATIVE COMMUNICATIONS. You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. PSHC's Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

REQUESTING RESTRICTIONS: You have the right to request restrictions on our use and disclosure of your PHI for treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. If you paid out-of-pocket and in full for a specific service you may request that service not be disclosed to a health plan for purposes of payment or health care operations. We are required to honor that request.

ELECTRONIC HEALTH INFORMATION EXCHANGE.

PSHC 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://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.

NOTICE OF BREACH. We are required to notify you in writing of a breach where your unsecured PHI has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and the breach compromises the security and privacy of your PHI. We will provide this notification by first class mail.

ABOUT THIS NOTICE

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all medical information that we maintain. The revised Notice will also be posted on our website at www.prairiestarhealth.org. You are entitled to receive this Notice in written form. Please contact the Privacy Officer at the address listed below to obtain a written copy.

COMPLAINTS

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with PSHC using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

PrairieStar Health Center
Privacy Officer
2700 E 30th Ave
Hutchinson, KS 67501
620-663-8484
Toll free 888-603-8484