

CLAY CENTER FAMILY PHYSICIANS, P.A.
P.O. Box 520
Clay Center, Kansas 67432

Dear Patient,

Attached to this letter you will find our Notice of Privacy Practices. We are required by a new law (commonly referred to as "HIPAA") to provide this notice to you and obtain your acknowledgement of its receipt prior to providing any services to you. We encourage you to read the entire Notice and ask any questions you may have concerning its contents. This notice will tell you about the ways in which 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 health information.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for your future care or treatment, and billing-related information. Such 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 Clay Center Family Physicians, PA. Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you.

Maintaining the privacy of your health information is very important to us. Again, if you have any questions concerning the attached Notice, please do not hesitate to ask.

Timothy M. Penner, M.D.
President, Board of Directors

Lance Haller
Privacy Official

Clay Center Family Physicians, P.A.

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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

Lance Haller

Clinic Manager & Privacy Official

609 Liberty St. Clay Center, KS 67432

785-632-2181 FAX: 785-632-2309

Email: lhaller@ccfp.net

This office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information 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.

Example of Use of Your Health Information for Treatment Purposes are:

During the course of your treatment, the provider determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Example of Use of Your Health Information for Payment Purposes:

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of Use of Your Information for Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, 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.

Your Health Information 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 receive a copy your health record and billing record – you may exercise this right by delivering the request to our office. There will be a charge for copying your records. In some limited circumstances you may be denied access to certain portions of your record;

* Appeal a denial of access to your protected health information;

* Request that your health care record be copied and sent to another organization (e.g. your employer or life insurance company) specifically designated by you. You must complete and submit a disclosure authorization form. There will be a charge for copying your record.

* 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:

* 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 health information kept by or for the office;

* Is not part of the information that you would be permitted to inspect and copy; or,

* 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;

* Request that communication of your 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 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 made in a facility directory or 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 Roxanne Schottel, Administrative Supervisor, (785) 632-2181, at 609 Liberty St., Clay Center, in person or in writing, during regular, business hours. She will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to:

- * Maintain the privacy of your health information as required by law;
- * Provide you with a notice (i.e., this document) 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; and,
- * Accommodate your reasonable requests regarding methods to communicate 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 Roxanne Schottel, Administrative Supervisor, (785) 632-2181, at 609 Liberty St. in Clay Center.

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 the Clinic Manager in Clay

Center. You may also file a complaint by mailing it to the Secretary of Health and Human Services (HHS), whose address is:

U.S. Department of Health and Human Services
Office for Civil Rights (HIPAA)
200 Independence Avenue S.W.
Washington, D.C. 20201

* We cannot, and will not, require you to waive the right to file a complaint with the Secretary of 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 HHS.

Other Disclosures and Uses

Notification

* Unless you object, i.e., request a restriction, 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.

Communication with Family

* On certain, rare occasions and emergencies, your provider may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's direct involvement in your care or in payment for such care.

Research

* 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.

Disaster Relief

* We may use and disclose your protected health information to assist in disaster relief efforts.

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.

Food and Drug Administration (FDA)

* We may disclose to the FDA your protected health information 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.

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.

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.

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.

Correctional Institutions

* 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.

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.

Health Oversight

* Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

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.

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.

For Specialized Governmental 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.

Coroners, Medical Examiners, and Funeral Directors

* We may release 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 health information about patients to funeral directors as necessary for them to carry out their duties.

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 previously provided in this Notice under "Your Health Information Rights."