

## Notice of Privacy for Protected Health Information

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**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 understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly.

This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer, the Administrator of Axtell Clinic.

### **Uses and Disclosures**

This medical office collects health information about you and stores it in an electronic health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you.

The 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. The law permits us to use or disclose your health information for the following purposes:

#### **Treatment**

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

#### **Examples of Uses of Your Health Information for Treatment Purposes:**

- A nurse obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician 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.

#### **Payment**

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services.

#### **Examples 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, the services provided, and the medical condition being treated.

#### **Health Care Operations**

Your health information may be used as necessary to support the day-to-day activities and management of Axtell Clinic.

#### **Examples 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, compliance programs,

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.

### **Electronic Health Information Technology**

Axtell Clinic participates in electronic health information technology, or HIT. This 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 HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

### **Law Enforcement**

We may disclose your protected health to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

### **Public Health**

As authorized or required 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. For example, we are required to report certain communicable diseases to the state's public health department.

## **Additional Uses of Information**

### **Notification**

Unless you object, 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**

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

### **Appointment Reminders**

We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

### **Marketing**

Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

## **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 tenable 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.

## **Abuse and 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.

## **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. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose an of your protected health information that contains genetic information that will be used for underwriting purposes.

## Your Health Information Rights

**You have certain rights under the federal standards. These include:**

- **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket prior to or on the date of service, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision. If this information leaves our office for treatment purposes, such as to a specialist, we no longer have control over that information. It is your responsibility to request a restriction on disclosure from any and all other individuals/entities that have the information.
- **Right to Request Confidential Communications.** You have the right to request that you receive confidential communications about your health information. You have the right to 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.
- **Right to Inspect and Copy.** You have the right to request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to our office. You may obtain a form to request access to your records by contacting the Receptionist, Medical Records or the Administrator. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. You have the right to appeal a denial of access to your protected health information, except in certain circumstances.
- **Right to Amend or Supplement.** You have a right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written 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 denial and will have an opportunity to submit a statement of disagreement to be maintained with your records

- **Rights Regarding Electronic Health Information Technology.** You have two options with respect to HIT. 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 as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.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 HIT or HIOs, please visit <http://www.KanHIT.org> for additional information.

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.

- **Right to an Accounting of Disclosures.** You have a right to 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, payments 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 disclosure 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 or your location, condition, or your death.
- **Right to a Copy of this Notice.** You have a right to obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office.

## Axtell Clinic Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices outlined in this notice. We will post the current notice on our website. In the event of a breach of unsecured protected health information, if your information has been compromised it is our duty to notify you.

### Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state law and regulations. Upon request, we will provide you with the most recently revised notice on any office visit.

The revised policies and practices will be applied to all protected health information we maintain.

## To Request Information or File a Complaint

If you have questions, would like additional information, or want to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Administrator  
Axtell Clinic  
700 Medical Center Drive  
Suite 210  
Newton, KS 67114  
P: 316-283-2800  
F: 316-283-3575

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You may also file a complaint by mailing it to the Secretary of Health and Human Services, whose street address and email address is U.S. Department of Health & Human Services, Office of Civil Rights, 200 Independence Ave., Washington DC 20201 or emailing it to [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition or receiving treatment from the office.

We cannot, and will not, retaliate against you for filing a complaint.

**Effective date: 04/01/2003**

**Updated: 05/21/2014**

## **Axtell Clinic Financial Policy**

**Effective: August 1, 2015**

**Updated: June 29, 2015**

Please view our [new Patient Financial Policy here](#), find it on our website [www.axtellclinic.com](http://www.axtellclinic.com) under Forms - New Patient Information, or ask the front desk for a copy.

PATIENT'S PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE**

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the effective date of April 1, 2003, and updated May 21, 2014.

\_\_\_\_\_  
Signature of Patient/ Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

**PATIENT RESTRICTIONS OF DISCLOSURES**

HIPAA privacy rule gives individuals the right to request confidential communication of protected health information (PHI).

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (check all that apply)

Home Telephone:

- O.K. to leave message with detailed information.
- Leave message with call back number only.

Cell Phone:

- O.K. to leave message with detailed information.
- Leave message with call back number only.

Work Telephone:

- O.K. to leave message with detailed information.
- Leave message with call back number only.

Written Communication:

- O.K. to mail my home address: \_\_\_\_\_
- O.K. to mail my work/ office address: \_\_\_\_\_
- O.K. to fax to this number: \_\_\_\_\_
- O.K. to E-mail this address: \_\_\_\_\_

PATIENT'S PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**PERMISSION TO DISCLOSE INFORMATION TO THOSE INVOLVED IN MY CARE**

I hereby allow Axtell Clinic, to disclose the following Protected Health Information:

- \_\_\_\_\_ Appointment times and dates
- \_\_\_\_\_ Tests that have been received
- \_\_\_\_\_ Test results
- \_\_\_\_\_ Other health information

to the following people because they are involved with my health care or payment:

- Self \_\_\_\_\_
- Spouse \_\_\_\_\_
- Family Friend \_\_\_\_\_
- Child \_\_\_\_\_
- Other \_\_\_\_\_

in the following forms of communication:

- Home Telephone: \_\_\_\_\_
- Work Telephone: \_\_\_\_\_
- Home Voice Messaging System
- Work Voice Messaging System
- Cellular Phone: \_\_\_\_\_
- E-Mail Address: \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/ Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient