



College Hill OB/GYN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit 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 College Hill OB/GYN. 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 provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you. 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. We are required by law to maintain the privacy of your health information; give you this notice of our legal duties and privacy practices and make a good faith effort to obtain your acknowledgement of receipt of this notice; and follow the terms of the notice that is currently effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR SPECIFIC AUTHORIZATION

The following categories describe different ways that we are permitted to use and disclose health information without a specific authorization from you.

For Treatment. We may use information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at College Hill OB/GYN. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of College Hill OB/GYN may also share health information about you to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We may also disclose health information about you to other health care providers who request such information for purposes of providing medical treatment to you.

For Payment. We may use and disclose health information about you so that the treatment and services you receive at our office may be billed to and payment may be collected from you, an insurance company, or other third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the

surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may provide information about you to other health care providers, health plans, or health care clearinghouses to assist them in obtaining payment for treatment and service they provided to you.

For Health Care Operations. We may use and disclose health information about you for our internal operations. These uses and disclosures are necessary to run our office and to make sure that all our patients receive quality care. 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 combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. In addition, we may disclose health information about you to another health care provider, health plan, or health care clearinghouse with which you also have had a relationship for purposes of that entity's internal operations.

Appointment Reminders. We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at College Hill OB/GYN. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine identifying our office and asking for you to return our call.

Treatment Alternatives/Other Benefits and Services. In addition, we may use your information to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Fundraising Activities. We may use health information about you to contact you to raise money for College Hill OB/GYN and its operations. We may disclose health information to a foundation related to College Hill OB/GYN so that the foundation may contact you in raising money for College Hill OB/GYN. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at our offices. If you do not want us to contact you for fundraising efforts, you must notify us in writing at the address set forth at the end of this notice.

Business Associates. There are some services provided in our organization through contracts or arrangements with business associates. For example, we may contract with a copy service to make copies of your health record. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

Individuals Involved in Your Care or Payment For Your Care. We have policies and procedures that provide for the release of information about your care or payment for such care to a member of your family, a relative, a close friend, or any other person when you are not present or able to give authorization for the release of information. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it.

Research. We may use and disclose health information for research purposes, provided we have authorization to use or disclose health information for research purposes unless such authorization requirement is altered or waived by an Institutional Review Board or other authorized privacy board or unless we enter into a data use agreement with the recipient of the information and only use or disclose information in a "limited data set" in accordance with such agreement.

As Required by Law. We may use or disclose your health information to the extent we are required to do so by federal, state, or local law. For example, we may disclose health information about you for the following purposes:

- For judicial and administrative proceedings, pursuant to legal authority
- To report information related to victims of abuse, neglect or domestic violence
- To assist law enforcement officials in their law enforcement duties.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you if we believe in good faith that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone reasonably able to help prevent or lessen the threat.

Organ and Tissue Donation. If you are an organ donor, we may use or disclose health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation 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 health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority. **Employers.** We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of the information to your employer.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability or for other health oversight activities authorized by law, such as reporting reactions to medications or problems with products and notifying people of recalls of products they may be using.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, health care system, government programs involving health care, and compliance with certain civil rights laws.

Lawsuits and Disputes. We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release certain health information if asked to do so by a law enforcement official to assist such official in carrying out his or her duties, including such things as identifying or locating a suspect, fugitive, material witness, or missing person or reporting a crime, the location of the crime or victims, or the identity, description or location of the person

who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release health information to 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 of College Hill OB/GYN to funeral directors as necessary for them to carry out their duties.

Government Functions. We may release health information about you to authorized federal officials for government functions such as special investigations, intelligence, counter intelligence, and other national security activities authorized by law, including disclosures necessary for the protection of the President and other authorized individuals.

Inmates/Persons in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official as necessary to allow them to carry out certain specified activities, including, but not limited to providing you with health care, protecting the health and safety of you and others, and protecting the security of the correctional institution.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance on the use or disclosure permitted by the authorization. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Of course, we are unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Rights Regarding Electronic Health Information Technology. College Hill OB/GYN, P.A. participates in electronic health information technology or HIT. This technology allows a provider 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.

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 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 Inspect and Copy. You have the right to inspect and copy health information that is maintained in a designated record set (which generally includes medical and billing records), with a few exceptions. To inspect and copy such information, you must complete the form provided by College Hill OB/GYN. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

We may require that you pay such fee prior to receiving the requested copies. We may deny your request to inspect and copy in certain circumstances. In some instances, you may request that such denial be reviewed, which review will be conducted by a licensed health care professional chosen by us who was not involved with the original denial. We will comply with the outcome of the review.

Right to Request Amendment. If you believe that our records contain information that is incorrect or incomplete, you may ask us to amend the information by completing the form provided by us. You have the right to request an amendment for as long as the information is kept by or for College Hill OB/GYN. We may deny your request for an amendment under certain circumstances. 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.

Right to an account in of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you, with certain exceptions specifically defined by law. To request this list or accounting of disclosures, you must complete our form, providing information we need to process your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health 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 health 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 our request unless the information is needed to provide you emergency treatment. To request restrictions, you must complete a specific form provided by College Hill OB/GYN.

Right to Request Alternative Methods of Communications. You have the right to request that we communicate with you about confidential matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request an alternative method of communication, you must complete a specific form provided by College Hill OB/GYN providing information we need to process your request. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. In order to obtain a paper copy of this notice, please contact College Hill OB/GYN at the phone number or address set forth below.

Questions and Complaints. To obtain copies of any of the forms discussed above or if you have any questions or need additional information regarding our privacy policy, please write us at College Hill OB/GYN, 3233 East 2nd, Wichita, Kansas, 67208 or call us at (316) 686-6766. If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made about access to your health information, you may file a complaint with the HHS Privacy Official at the above address or by phone at 316-683-6766. You also have the right to send your complaint to: Medical Privacy, Complaint Division, Office for Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F,

HHH Building, Washington DC, 20201; or contact the Voice Hotline Number (800) 368-1019; or send the information to their Internet address <http://www.hhs.gov/ocr>. We will not take retaliatory action against you if you file a complaint about our privacy practices to us or with the Office for Civil Rights or any other governmental agency.

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 health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Covered Entity. The notice will contain on the first page the effective date.

ACKNOWLEDGMENT

You will be asked to provide a written acknowledgment of your receipt of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice of Privacy Practices and obtain such acknowledgment from you. However, your receipt of care and treatment from College Hill OB/GYN is not conditioned upon your providing the written acknowledgment.