

NOTICE OF PRIVACY PRACTICES

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

Konza Prairie Community Health Center (KPCHC) is required by law to maintain the privacy and security of Protected Health Information (PHI) and provide individuals with notice of the legal duties and privacy practices concerning PHI, and to notify the affected individual(s) following a breach of unsecured PHI. We must follow the duties and privacy practices in the effective notice and provide you with a copy to review. Other uses and disclosures of PHI not described in this notice will only be made with your authorization

Uses and Disclosures of Health Information without Authorization

Each time you visit KPCHC or any other health care provider, a record is made of your visit to track your health information, care and treatment plans, and billing information for those visits. Your information may be used and disclosed by KPCHC for the following reasons:

Treatment: We may use your health information to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, healthcare students, or other KPCHC personnel who are involved in your care plan. We also may disclose health information about you to people outside KPCHC involved in your medical care such as other health care providers and organizations. For example, we may disclose provider notes to another facility that you have been referred to by KPCHC to continue your care. We may use and disclose health information to tell you about health and related benefits or services that could be of interest to you. 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, voice mail, or text messaging identifying KPCHC and asking you to return our call.

Payment: We may use and disclose your health information to bill and collect for services and items you may have received from us. We may also tell your health insurer about a treatment you are going to receive to obtain prior approval or to determine whether your insurer will cover the treatment. For example, we may provide your insurer with details about a service you received at KPCHC to determine if and how your insurer will pay for your treatment.

Health Care Operations: We may use and disclose your health information for KPCHC operations, and they are necessary to make sure that all our patients receive quality care. For example, we may use PHI to review our treatments and services 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 also may combine the health information we have with health information from other medical providers and facilities to compare how we are doing and to see where we can make improvements in our care and services.

Business Associates: KPCHC may have contracts with third-party business associates for services. Examples include answering services, transcriptionists, billing and collection services, consultants, translation services, and legal counsel. We may disclose your PHI to our business associates so that they can assist us with business operations and provide you with the best care possible.

Treatment Alternatives: We may use and disclose your health information to connect with you to tell you about or recommend treatment options or alternatives that could be of interest to you.

Emergencies: We may use or disclose your medical information if you need emergency treatment, or we are required by law to treat you but are unable to obtain your consent.

Required by Law: We will use and disclose your information as required by federal, state, or local laws.

Communication Barriers: We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers and we believe you would want us to treat you if we could communicate with you. We may also use the assistance of an onsite interpreter or over-the-phone interpreting service to communicate your health information more efficiently.

Abuse, Neglect, or Domestic Violence: We will notify appropriate authorities if we have reason to believe an individual has been the victim of abuse, neglect, or domestic violence to the appropriate authorities to prevent serious harm.

NOTICE OF PRIVACY PRACTICES

Individuals involved in your care or paying for your care: KPCHC may release health information about you to someone who is involved with your care or someone who helps pay for your care. For example, we may allow someone to pick up a prescription for you or come into the exam room with you at your request. You have the right to restrict this information if given to us in writing.

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Additional Restrictions: Certain federal and state laws may require special privacy protections that further restrict the use and disclosure of certain health information. Examples include mental and behavioral health information, substance abuse or the participation in a substance abuse program, and STD and HIV/AIDS tests and results. Each requires additional written authorization to release. Psychotherapy notes may not be disclosed.

Health Oversight Activities: We may disclose information to a health oversight agency for activities authorized by law. Examples are audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, 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 processes 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.

Public Health Risks and Activities: We may disclose information about you for public health activities including:

- To local and federal public health authorities authorized by law to collect information on 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 of 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.
- To appropriate personnel and agencies of a birth or death.
- To notify people of recalls of products and medications they may be using.

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 also may release health information about KPCHC patients to funeral directors as necessary to perform their duties.

Organ, Eye, and Tissue Donation: If you are an organ donor, we may release health information to organizations that manage organ, eye, and tissue procurement as necessary to facilitate donation and transplantation.

Inmates: 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. The release would be necessary for the correctional institution to provide you with healthcare, to protect your health and safety or the health and safety of others, as well as for the safety of the institution itself.

- 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, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at KPCHC
- As required by law, including reporting wounds and physical injuries.

NOTICE OF PRIVACY PRACTICES

- 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.

Research: Under certain circumstances, we may use or disclose your PHI for research purposes. All research projects are subject to a special approval process and to be evaluated by an Internal Review Board (IRB). The IRB and review process will try to balance the research needs and the patient's needs for privacy of the research. They will determine how much PHI is necessary to conduct the research. We may contact you to ask for specific permission if the researcher will have access to your name, address, or any other identifying information. PHI being released will be logged and remain in our control.

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 also may release information about foreign military personnel to the appropriate foreign military authority.

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 health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

National Security and Protective Services of the President: We may release information about you to appropriate authorized federal officials including member of the U.S. or foreign military forces, for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your PHI to authorized federal officials so they may protect the President, foreign heads of state, or other authorized persons to conduct special investigations.

YOUR RIGHTS

Access to Health Information and Requesting Copies: You may request a copy of your health record maintained at KPCHC to inspect, review, and copy. This may include medical and billing records but may not include psychotherapy notes. You may request paper or electronic (if available) copies of your health record, we may charge a fee for the costs of copying, mailing and supplies.

Amending Your Health Record: You may request to make an amendment or change information on your health record if you feel it is incorrect or incomplete. You must provide a reason that supports your request, and the request is in writing. We are not required to make all changes requested but will consider all requests and provide you with written reason for any denial of requests.

Accounting of Disclosures: You may request a list of the disclosures we made of your health information and to what entities. Your request must state a period which may not be longer than six years. The first list you request within a 12-month period will be complimentary. For additional lists, we may charge you for the costs of providing the list.

Requesting Restrictions: You may request a restriction or limitation on the health information we use or disclose about you for payment and healthcare operations. For example, you can restrict the amount of health information we can disclose to a friend or family member involved in your care or payment for your care. We require that any requests for restrictions be made in writing. In some cases, we are not required to agree to your request, however, if we do agree we will abide by the restrictions. We will not comply with any requests to restrict the use or access of your health information for treatment purposes. You may restrict the use and disclosure of your health information about a service or item to your health plan. This right only applies to request restrictions to a health plan and cannot be denied. The

service or item requested for restriction from the health plan must be paid in full and out of pocket by you before the restriction will be applied.

Requesting Confidential Communications: You may request that we communicate with you about your health information in a certain way or at a certain location. We will not ask the reason for the request and accommodate reasonable requests.

NOTICE OF PRIVACY PRACTICES

Electronic Health Information Exchange: KPCHC participates in an electronic health information exchange (HIE). This technology allows a provider or a health plan to make a single request through a health information organization (HIO), to obtain electronic health records for a specific patient from other HIE participants for purposes of treatment, payment, or healthcare 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 your health 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.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all your information. If you have questions regarding HIE or HIO's, please visit <http://www.KanHIT.org> for additional information.

Electronic Health Information Exchange Continued: Even if you restrict access through an HIO, providers and health plans may share your information directly through other means without your specific written authorization (i.e. facsimile or secure email). If you receive healthcare 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 healthcare provider regarding these rules.

Requesting Confidential Communications: You may request that we communicate with you about your health information in a certain way or at a certain location. We will not ask the reason for the request and accommodate reasonable requests. Substance use disorder (SUD) records are protected by federal law under the 42 C.F.R. Part 2, which provides extra confidentiality protections beyond HIPAA. Disclosure of these records requires your explicit written consent, except in limited circumstances such as medical emergencies, reporting crimes or abuse reporting. We will not use or disclose your Part 2 records in any civil, criminal, administrative, or legislative investigation or proceeding against you without your written consent or a court order. If you provide a single consent for all future uses and disclosure of Part 2 records for treatment, payment, and health care operations, that information may be further disclosed by covered entities without additional consent, as permitted by HIPAA. You have the right to revoke your consent at any time, except to the extent that action has already been taken in reliance on it.

Our Responsibilities

Notification of a Breach: We are required to notify you by first class mail or by e-mail (if we offered and you have indicated a preference to receive information by e-mail), of any breaches of unsecured PHI as soon as possible, but in any event, no later than 60 days following the discovery of the breach. We will provide you with a brief description of the PHI that may have been acquired and the steps you should take to protect yourself from potential harm resulting from the breach.

About this Notice: We are required to follow the terms listed in this Notice currently in effect. We reserve the right to change and update the terms and practices of this Notice and how we create, maintain, and protect PHI. The revised edition of this Notice will be available on our website. You are entitled to a paper copy of this Notice even if you agreed to receive it electronically.

Complaints: If you have concerns about any of our Privacy Practices or believe your rights have been violated, you may file a complaint with KPCHC using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services; <http://hhs.gov/ocr/privacy/hipaa/complaints/index.html>. There will be no retaliation for filing a complaint.

Contact Information

Konza Prairie Community Health Center
Privacy Officer
361 Grant Ave
Junction City, KS 66441

Phone: 785-238-4711
Fax: 785-530-6150
E-mail: privacy@kpchc.org