

WEST WICHITA FAMILY PHYSICIANS, P.A.
NOTICE OF PRIVACY PRACTICES

Effective 03/01/2013

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:

Privacy Officer
8200 W. Central
Wichita, KS 67212
(316) 722-6260
Fax: (316) 721-8307

West Wichita Family Physicians, P.A. includes the West Wichita Minor Care Clinic, West Wichita Women's Center and the West Wichita Surgery Center. Your medical information is shared between the above entities for treatment, payment and healthcare operations.

The law allows us to do so to provide efficient health care services.

OUR PLEDGE REGARDING MEDICAL 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 West Wichita Family Physicians, P.A.. 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.

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 in effect.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION.

Right To Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your health information, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact: Privacy Officer, West Wichita Family Physicians, P.A., 8200 W. Central, Wichita, KS 67212 or phone (316) 722-6260. 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 deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right To Request Amendment. If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request. To obtain this form or to obtain more information concerning this process, please contact: Privacy Officer, West Wichita Family Physicians, P.A., 8200 W. Central, Wichita, KS 67212 or by phone, (316) 722-6260.

We may deny your request for an amendment if you fail to complete the required form in its entirety. In addition, 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 facility;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right To an Accounting 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 a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact: Privacy Officer, West Wichita Family Physicians, P.A., 8200 W. Central, Wichita, KS 67212 (316) 722-6260.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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 that 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 have the right to restrict disclosures of health information to a health plan with respect to healthcare for which you have paid for out of pocket in full. 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. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact: Privacy Officer, West Wichita Family Physicians, P.A., 8200 W. Central, Wichita, KS 67212 (316) 722-6260.

Right to Request Alternative Methods of Communications. You have the right to request that we communicate with you about medical 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 communications, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact: Privacy Officer, West Wichita Family Physicians, P.A., 8200 W. Central, Wichita, KS 67212 (316) 722-6260. We will not ask you the reason for your request. We 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.

You may obtain a copy of this notice at our website, www.wwfppa.com.

To obtain a paper copy of this notice, contact: Privacy Officer, West Wichita Family Physicians, P.A., 8200 W. Central, Wichita, KS 67212 (316) 722-6260.

NOTICE OF BREACH

We will keep your medical information private and secure as required by law. If any of your medical information which is acquired, used, accessed or disclosed in a manner that is not permitted by law we will notify you within 60 days following the discovery of the breach.

COMPLAINTS

If you believe your rights with respect to health information about you have been violated by West Wichita Family Physicians, P.A. you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact: Privacy Officer, West Wichita Family Physicians, P.A., 8200 W. Central, Wichita, KS 67212 (316) 722-6260. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we are permitted to use and disclose health information without a specific authorization from you. If you desire to restrict our use of your health information for any of these purposes, you need to submit a request for restrictions in the manner described above.

For Treatment. We may use health 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 your care at our office. Different departments of our facility also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays.

We also may disclose health information about you to people outside the office who may be involved in your medical care, such as family members, friends, or others we use to provide services that are part of your care. We will give you an opportunity, however, to restrict such communications.

We may disclose health information about you to other health care providers who request such information for purposes of providing medical treatment to you.

Your Rights Regarding Electronic Health Information Exchange. We participate in electronic health information exchange, or HIE and may share your health information for the purposes of treatment, payment, or health care operations. Other healthcare providers may access your health information through this system as part of your treatment.

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.

Examples of uses of your health information for treatment purposes are:

- 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.

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 and payment may be collected from you, an insurance company or a third party. 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 may also provide information to other health care providers to assist them in obtaining payment for treatment and service provided to you by that provider. We may also provide information to a health plan for purposes of arranging payment for treatment and services provided to you.

Example of use of your health information for payment purposes:

- We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.

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 the office and make sure that all of our patients receive quality care. We may also combine health information about many patients to decide what additional services the office 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 office personnel for review and learning purposes. We may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

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 or plan's internal operations.

Examples of use of your health information for health care operations:

- The state licensing authority wants to review records to assure that we have acted consistent with state law regarding your care. In doing so, it wants to take a sampling, which includes review of your chart. At the licensing authority's request, we will provide it with a copy of your record.

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 the office. 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. Unless we are specifically instructed by you otherwise in a particular circumstance, we will not disclose any health information to any person, other than you, who answers your phone except to leave a message for you to return the call.

Surveys. We may use and disclose health information to contact you to assess your satisfaction with our services.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you, or to provide you with promotional gifts of nominal value.

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 may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. We may also tell your family or friends your condition and that you are in the hospital.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave our office. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at West Wichita Family Physicians, P.A.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious 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 able to help prevent the threat.

Organ or 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 that 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 health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

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, 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.

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 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 health information if asked to do so by a law enforcement official:

- 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 our office; and
- 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.

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 of the hospital to funeral directors as necessary for them to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

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. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF MEDICAL 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. If you provide us authorization to use or disclose health information about you, you may revoke that 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, and that we are required to retain our records of the care that we provided to you.

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 facility. The notice will contain on the first page the effective date. In addition, each time you have an office visit for treatment or health care services as a patient, we will offer you a copy of the current notice in effect.

ACKNOWLEDGEMENT

You will be asked to provide a written acknowledgement 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 acknowledgement from you. However, your receipt of care and treatment from the facility is not conditioned upon your providing the written acknowledgment.