

**Notice of Privacy Practices of
PrairieStar Health Center (PSHC)
Effective April 14, 2003
Updated February 9, 2016,
July 1, 2017, May 28, 2019**

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.

By law, PSHC is required to maintain the privacy and security of Protected Health Information (PHI) and to provide individuals with notice of legal duties and privacy practices with respect to PHI, and to notify the affected individual(s) following a breach of unsecured PHI. Other uses and disclosures not described in this notice will be made only with your authorization.

**USES AND DISCLOSURES OF
HEALTH INFORMATION WITHOUT YOUR
AUTHORIZATION**

Each time you visit a hospital, physician, or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It also includes billing documents for these services.

TREATMENT: We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to other persons or organizations involved in your treatment, such as other healthcare providers.

We may use and disclose health information to discuss with you treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. 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 message identifying PSHC and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.

PAYMENT: Our practice may use and disclose your PHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify you are eligible for benefits and we may provide them with details regarding your treatment to determine if your insurer will pay for your treatment. We may provide information to other healthcare providers to assist in obtaining payment for services they provided you.

HEALTHCARE OPERATIONS: Our practice may use and disclose your PHI to operate

our business. For example, we may use your health information to review our treatment and services and 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 may disclose health information about you to another healthcare provider or health plan with which you also have had a relationship for purposes of that provider's or health plan's internal operations.

BUSINESS ASSOCIATES: Our practice sometimes contracts with third party business associates for services. Examples include answering services, transcriptionists, billing and collection services, consultants, and legal counsel. We may disclose your PHI to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

TREATMENT ALTERNATIVES: We may contact you to provide information about treatment options or alternatives.

HEALTH RELATED BENEFITS: Your PHI may be disclosed to inform you about health related benefits or services which may be relevant or of interest to you.

FRIENDS AND FAMILY: PSHC may release or disclose your health information to a friend or family member involved in your care or helps pay for your care. Unless you direct us otherwise, we may disclose your information if, in our professional judgment, we decide that you do not object and we feel it is in your best interest. We will only share information that the person involved in your care needs to know for payment, care or treatment. For example, we may discuss your treatment in front of your friend if you ask your friend to come into the exam room or we may allow someone to pick up a prescription for you. You have the right to restrict this information by letting us know in writing.

FUNDRAISING: We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for PSHC. You have a right to opt out of receiving such fundraising communications.

REQUIRED BY LAW: We will use and disclose your information as required by federal, state or local laws.

PUBLIC HEALTH ACTIVITIES: We may disclose information about you for public health activities including:

- To public health authority authorized by law to collect information for 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 for 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.

ABUSE, NEGLECT OR DOMESTIC VIOLENCE:

We will notify appropriate government agencies and authorities if we believe a person has been the victim of abuse, neglect or domestic violence. We may disclose information if in our professional judgment disclosure is required to prevent serious harm, or when authorized by law.

ADDITIONAL RESTRICTIONS: Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information. Highly confidential information may include substance abuse treatment records and information in a substance abuse program. Additional confidential information may include mental health information.

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.

JUDICIAL AND ADMINISTRATIVE

PROCEEDINGS: If you are involved in a lawsuit or dispute, we may be required to disclose your health information to a court or for an administrative hearing. We may also disclose information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

LAW ENFORCEMENT: We may release certain information if asked to do so by a law enforcement official:

- As required by law, including reporting wounds and physical injuries.
- 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 we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement.

- To alert authorizes of a death we believe may be the result of criminal conduct.
- Information we believe is evidence of criminal conduct occurring on our premises.
- 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.

DECEASED INDIVIDUALS: We may release information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.

ORGAN, EYE OR TISSUE DONATION: We may release information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

RESEARCH: Under certain circumstances, we may use or disclose your PHI for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

INMATES: We may disclose PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official and such information is necessary for them to carry out certain functions such as providing healthcare services to you, providing for the safety and security of the institution and protection of the health and safety of you and other individuals.

SERIOUS THREATS TO HEALTH OR SAFETY: Under certain circumstances, we may use or disclose your PHI to avert a serious threat to your health and safety or the health and safety of another individual or to the public if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

SPECIALIZED GOVERNMENT FUNCTIONS: We may release information about you to appropriate authorized federal officials, including members of U.S. or foreign military forces, for intelligence, counter-intelligence and other national security activities authorized by law.

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 PHI in disaster relief situations where disaster relief organizations seek your PHI to coordinate your case or notify family and friends of your location and condition.

YOUR RIGHTS

ACCESS TO HEALTH INFORMATION (Copy of your health information): You may request to get a copy of the health information we maintain about you, with some exceptions. If you request copies, you must do so in writing and we may charge you a copying fee. If you are denied access to health information, you may request that the denial be reviewed. If the information is maintained in an electronic health record, you may request that an electronic copy of your records be sent to you or to another individual or entity. We may charge you a reasonable cost based fee.

AMENDMENT (Ask us to correct your health record): You may request that we amend certain health information that we keep in your records if you believe it is incorrect or incomplete. Your request must be made in writing. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

ACCOUNTING (Get a list of those with which we have shared information): You have the right to receive an accounting of certain disclosures of your health information made by us. In order to obtain an accounting of disclosure, you must make a written request. The first accounting of disclosure you request within any 12 month prior is free of charge. For additional requests, we may charge a fee.

ALTERNATIVE (Confidential) COMMUNICATIONS: You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. The Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

REQUESTING RESTRICTIONS: You have the right to request restrictions on our use and disclosure of your PHI for treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. If you paid out-of-pocket and in full for a specific service you may request that service not be disclosed to a health plan for purposes of payment or healthcare operations. We are required to honor that request.

ELECTRONIC HEALTH INFORMATION EXCHANGE: PSHC 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 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.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 HIE or HIOs, please visit <http://www.KanHIT.org> for additional information.

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 those rules.

OUR RESPONSIBILITY

NOTICE OF BREACH: We are required to notify you in writing of a breach where your unsecured PHI has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and when the breach compromises the security and privacy of your PHI. We will provide this notification by first class mail.

ABOUT THIS NOTICE

We are required to follow the terms of this Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and Notice provisions effective for all health information that we maintain. The revised Notice will also be posted on our website. You are entitled to receive this Notice in written form. Please contact the Privacy Officer at the address listed below to obtain a written copy.

COMPLAINTS

If you have concerns about any of our Privacy Practices or believe that your privacy rights have been violated, you may file a complaint with PSHC using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

PrairieStar Health Center
 Privacy Officer
 2700 E. 30th Ave.
 Hutchinson, Kansas 67502
 Phone: 620-663-8484 or 888-603-8484
 Fax: 620-802-0037
 email: privacy@praiestarhealth.org
 website: <https://www.praiestarhealth.org>