



Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

EFFECTIVE DATE:1/18/2017

The Health Insurance Portability and Accountability Act (HIPAA; "Act") of 1996, revised in 2013, requires us as your health care provider to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We are required to maintain these records of your health care and to maintain confidentiality of these records.

For your safety, please review and be familiar with this information:

In addition to Health Partnership Clinic departments, employees, physicians, and dentists, the following persons will also follow the practices described in this Notice of Privacy Practices.

- Any health care professional who is authorized to enter information in your medical record.
- Any member of a volunteer group that we allow to help while you are within our facilities; student, resident or intern.

Your Rights

Although your health information is the property of Health Partnership Clinic, you have the right to:

Request a copy of your electronic health record

- You can request a copy of your health record or request them to be transmitted to another individual or entity.
- We will provide a copy or a summary of your health information within 30 days of your request. We may charge a reasonable, cost-based fee for the labor associated with transmitting the records.

Request an amendment to your electronic health record

- You have the right to request that your health information be amended if you think it is incorrect or incomplete.
- We must notify you within 60 days upon receipt of your request.

Request confidential communications

- You can request us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Request that we restrict any use or disclosure of your health information

- You may request that we restrict the use or disclosure of your health information. However, we are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes.
- If restriction is agreed upon, we will comply with your request unless the information is needed to provide you with emergency treatment.

Receive a list of those with whom we've shared information

- You may ask for an accounting of health information disclosures that we have made, with some expectations. You must submit a written request for the time period in which you are wanting the information. Requests cannot be made for periods longer than 6 years and may not include dates prior to January 1, 2006.
- We will include all the disclosures except for treatment, payment, and health care operations. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Receive a copy of this privacy notice

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive this notice in another form.

Notified upon breach of any of your Protected Health Information

- You have the right to be notified upon a breach of any of your Protected Health Information.

Complaints

- If you feel we have violated your rights or have not adhered to the information contained in this notice, you may file a complaint by contacting the HPC Chief of Quality and Clinical Services or the HPC Compliance Officer at 913-648-2266 or at 407 S. Clairborne Rd., Ste 104 Olathe, KS 66062.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- According to the law, we will not retaliate against you nor intimidate you for filing a complaint with any of the Health Partnership Clinic services.

Use and Disclosure of Health Information

Treatment

- To provide medical treatment or services, we need to use or disclose information about you to your providers. Departments within our operations may share health information about you to coordinate your care.
- We may also disclose health information about you to people who may be involved in your health care after you leave our facilities such as home health agencies, your family, emergency personnel, or long term care facilities.

Payment

- We may use and disclose your medical information to bill and receive payment for the treatment that you receive from HPC.

Health care operations

- Medical information about you and other HPC patients may be combined to evaluate the quality and effectiveness of our operations, to compare information to other health care organizations, and to improve our services.
- To protect your privacy, when combining information, we will remove any information identifying you. This is known as "facility de-identified information".

Appointment reminders, treatment alternatives, and health related benefits

- We may use and disclose health information to contact you to remind you of your appointments.
- We may use and disclose health information to tell you about treatment alternatives or health related benefits and services that may be beneficial to you.

Individuals involved in your care or payment for your care

- When appropriate, we may share health information with a person(s) who is involved in your health care or payment for your care, such as your family or close friends.
- HPC may also notify your family about your location or condition or disclose information to an entity assisting in a disaster relief effort.

Research

- We may share your Protected Health Information with researchers with your authorization or 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 health information.

Uses and disclosures that do not require authorization

- When it is required by state, federal, international or local law.
- When it involved use or disclosure for public health activities such as mandated disease reporting.
- Reporting information about victims of abuse, neglect, or domestic violence.
- Disclosing information for the purpose of health oversight activities such as, audits, investigations, licensure or disciplinary actions or legal proceedings.
- When as a result of a data breach, we may use or disclose your health information to provide legally required notices of authorized access to or disclosure of your health information.
- Working with business associates that perform functions on our behalf or provide us with services.

- Disclosing information to collaborative organizations for the purposes of creating a limited data set which may include zip codes, dates of births, or dates of service but may not contain patient identifiers such as name, address, phone number or social security number.
- Law enforcement purposes.
- For organ and tissue donation purposes.
- When in good faith that the disclosure is necessary to avert a serious health or safety threat to you or the public's safety.
- To comply with worker's compensation laws.
- When required by law to notify a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety, or effectiveness of FDA regulated products or activities.
- Specialized government functions.
- When required by military command authorities.

Our Uses and Disclosures

Marketing

- Uses and disclosures for marketing purposes can only be authorized by your written authorization.

Planned uses or disclosures to which you may object

- We will use or disclose your health information to a friend and/or family member who is involved in your care. We can also give this information to someone who will or is helping to pay for your care.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts for the purpose of identification or notification.

Revoke

- You can change your mind at any time and revoke your authorization in writing. If you revoke authorization, we will no longer use or disclose your private information. However, we will not be able to take back any disclosures that we had made prior to the date of your written notice of revocation.

Health Information Exchange

Health Partnership 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.

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.

Changes to the Terms of this Notice

Health Partnership Clinic reserves the right to change or modify this Notice of Privacy Practices. Any changes can be made affective for any health information that we have or might obtain about you. If you have any questions about the contents of this notice, or if you need to contact someone at this site about any of the information contained in this notice, please contact: **Health Partnership Clinic Compliance Officer**, 407 S. Clairborne Rd., Suite 104 Olathe, KS 66062. Phone 913-648-2266.

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