

**NOTICE OF PRIVACY PRACTICES  
EFFECTIVE 01/01/2014**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** You have the right to a paper copy of this Notice; you may request a copy at any time.

Midtown Family Medicine PC is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

**HOW Midtown Family Medicine PC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

Midtown Family Medicine PC may use and disclose your health information for the following purposes without your express consent or authorization.

***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 health care providers, family members, and friends.

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 identifying Midtown Family Medicine PC 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.*** We may use and disclose your health information as necessary to collect payment for services we provide to you. We also may provide information to other health care providers to assist them in obtaining payment for services they provide to you.

***Health Care Operations.*** We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care. 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's or plan's internal operations.

***Business Associates.*** Midtown Family Medicine PC provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

***Creation of De-Identified Health Information.*** We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

***Uses and Disclosures Required By Law.*** We will use and/or disclose your information when required by law to do so.

***Disclosures for Public Health Activities.*** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

***Disclosures About Victims of Abuse, Neglect, or Domestic Violence.*** We may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

***Disclosures for Judicial and Administrative Proceedings.*** We may disclose your health information in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

***Disclosures for Law Enforcement Purposes.*** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

***Disclosures Regarding Victims of a Crime.*** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

***Disclosures to Avert a Serious Threat to Health or Safety.*** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

***Disclosures for Specialized Government Functions.*** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

***Disclosures for 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 Midtown Family Medicine PC. You have a right to opt out of receiving such fundraising communications.

## **OTHER USES AND DISCLOSURES**

We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this Notice. For example, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent Midtown Family Medicine PC has not relied on it.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

***Right to Inspect and Copy.*** You have the right to inspect and copy health information maintained by Midtown Family Medicine PC. To do so, you must complete a specific form providing information needed to process your request. If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.

***Right to Request Amendment.*** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. 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.

***Right to an Accounting of Disclosures and Access Report.*** You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request an accounting or an access report, you must complete a specific written form providing information we need to process your request.

***Right to Request Restrictions.*** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific written form providing information we need to process your request. Midtown Family Medicine PC's Privacy Officer is the only person who has the authority to approve such a request. Midtown Family Medicine PC is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law, and (2) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid Midtown Family Medicine PC in full.

***Right to Request Alternative Methods of Communication.*** 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. Midtown Family Medicine PC's 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.

***Rights Relating to Electronic Data Sharing and Health Information Exchange.*** Midtown Family Medicine PC participates in the Kansas City Metropolitan Physician Association ("KCMPA"), an organized health care arrangement. KCMPA members engage in electronic data sharing among themselves for purposes of treatment, payment, and health care operations utilizing KCMPA-sponsored technology. That technology connects with the Lewis and Clark Information Exchange ("LACIE") to permit KCMPA members to participate in electronic health information exchange with payers and providers that are not part of KCMPA, again for purposes of treatment, payment, and health care operations.

You have two options with respect to electronic data sharing and health information exchange. First, you can permit disclosure of your electronic health information to properly authorized individuals through KCMPA and LACIE for purposes of treatment, payment, and health care operations. If you choose this option, you do not have to do anything.

Alternatively, you can restrict disclosure of any of your electronic health information through KCMPA and LACIE for any purpose (except to properly authorized individuals as needed to report specific information as required by law). If you wish to restrict disclosures, you must notify us in writing. We then will take appropriate steps to impose such a restriction. You cannot restrict disclosures of certain information only; your choice is to permit or restrict disclosures of all of your information.

Your decision to restrict disclosures through KCMPA and LACIE does not impact other disclosures of your health information. As discussed above, providers and health plans may share your information directly through other means (*e.g.*, facsimile or secure e-mail) for permitted purposes 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 about what action, if any, you need to take to restrict access.

## **COMPLAINTS**

If you believe your rights with respect to health information have been violated, you may file a complaint with Midtown Family Medicine PC or with the Secretary of the Department of Health and Human Services. To file a complaint with Midtown Family Medicine PC, please contact Privacy Officer, (insert contact information). All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Midtown Family Medicine PC reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created.

**ACKNOWLEDGEMENT OF  
RECEIPT OF REVISED NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of Midtown Family Medicine PC's Notice of Privacy Practices effective 01/01/2014.

\_\_\_\_\_  
Signature of Patient/Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

*Electronic copy to be maintained in Patient's electronic health record.*

**DOCUMENTATION OF GOOD-FAITH EFFORTS**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

The patient presented to the facility on this date and was provided with a copy of Midtown Family Medicine PC's Notice of Privacy Practices. A good faith effort was made to obtain from the patient (or the patient's representative) a written acknowledgement of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

- Patient/patient representative refused to sign.
- Patient/patient representative was unable to sign because:  
\_\_\_\_\_  
\_\_\_\_\_
- Patient had a medical emergency, and an attempt to obtain the acknowledgement will be made at the next available opportunity.
- Other reason (describe below):  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee Completing Form: \_\_\_\_\_

*Electronic copy to be maintained in Patient's electronic health record.*