

Notice of Privacy Practice

Purpose: 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.

Effective date of this notice is **April, 14, 2003** and remains in effect until we replace it.

I. Our Pledge Regarding Medical Information: The Privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. New Medical Health Care is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at New Medical Health Care, please contact:

Carla Clark, office manager (316) 773-1212.

New Medical Health Care creates a record of the care and services you receive at this organization and stores it in a chart and on a computer. This is your medical record. We need this record to provide you with quality care and to comply with certain legal requirements. **The medical record is the property of New Medical Health Care**, but the information in the medical record belongs to you. New Medical Health Care protects the privacy of your health information.

II. Our Legal Duty:

The law permits New Medical Health Care keep your medical information private and give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.

We have the right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law. We also have the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

III. Use and disclosure of Your Medical Information:

- . **Treatment** - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to pharmacies, doctors, nurses, technicians, medical students or other people who are taking care of you. (Example: We call in a prescription for you at your local drug store. They may need you name, date of birth, social security number and address).
- . **Payment** - We may use and disclose your medical information for payment purposes. (Example: You come in to the office for a visit. We call to verify your

coverage with your insurance company. We may need to let the insurance company know the reason why you are in the office for a visit).

- . **Regular Health Care Operations** - We may use and disclose your medical information for our health care operations. This may include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.
- . **Notification and Communication with Family** - We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, we will use our best judgment in communication with your family and others. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, results, reports, or any other medical information about you.
- . **Required by Law** - New Medical Health Care, as required by law, may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of any forms of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety of others.
- . **Public Health** - We may disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability. Reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise by at risk of contracting or spreading a disease or condition.
- . **Health Oversight Activities** - New Medical Health Care may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
- . **Judicial and Administrative Proceedings** - New Medical Health Care may disclose your health information in the course of any administrative or judicial proceedings. (Examples are court ordered requests for medical records).
- . **Law Enforcement** - New Medical Health Care may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
- . **Deceased Person Information** - New Medical Health Care may disclose your health information to coroners, medical examiners and funeral directors.
- . **Research** - New Medical Health Care may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or New Medical Health Care privacy board.

- . **Public Safety** - New Medical Health Care may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

IV. Patient's Individual Rights:

- . You may inspect and/or copy your medical information, except for psychotherapy notes. You must submit written request to the Privacy Officer. Copies will be provided free of charge for the first request. ***Additional copies are for a fee of \$1.00 for the first pages \$.50 per page thereafter, \$7.50 handling fee and actual postage if mailed.***
- . You may obtain a list of all the times we shared your medical information for the purposes other than treatment, payment, and health care operations and other specified exceptions.
- . You may request that we place additional restriction on our use or disclosure or your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- . You may request, in writing to the Privacy Officer, for an amendment or records. ***Requests may be denied, if the provider did not create the records, not part of the medical information kept by the provider, not part of information that can be amended (psychotherapy notes) or if the information is accurate and complete.*** If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, or the change and to include those changes in any future sharing of that information.
- . You may request that we communicate with you about your medical information by different means or to different locations. Your request must be made in writing addressed to the Privacy Officer.
- . If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.

V. Procedure of Complaints:

If you think that we may have violated your privacy rights, contact the person named below. All complaints must be submitted in writing and addressed to the Privacy Officer listed below. You may also submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint. New Medical Health Care will not retaliate in any way if you choose to file a complaint.

IV. Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer

For the practice of New Medical Health Care, Contact:

Carla Clark, Office Manager 10525 W. 21st St. N. Wichita, KS 67205 Phone:
(316) 773-1212 Fax: (316) 729-1385

Effective date of this notice is 04/14/05. New Medical Health Care has the right to change the terms of this notice. Patients will be given any revised notices.