

Sunflower Ob-Gyn, PA

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Winfield, KS 67256

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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. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated.

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses & Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health issues
- Do Research
- Comply with the law
- Respond to organ and tissue donor request.
- Work with Medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



When it comes to your health information, you have certain rights.
 This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see and get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide you a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires otherwise.

Get a list of those whom we’ve shared information

- You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we share it with, and why.
- We will include all of the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.

Get a copy of this privacy notice.

- You can ask for a copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Chose someone to act for you

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel that your rights are violated.

- You can complain if you feel that we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, SW, Washington, DC, 20201, calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hippa/complaints/
- We will not retaliate against you in any way for filing a complaint.

(Continued)

Your Choices

For certain health information, you can tell us your choices about we can share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses & Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways — usually ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - ◊ Preventing disease
 - ◊ Helping with product recalls
 - ◊ Reporting adverse reactions to medications
 - ◊ Reporting suspected abuse, neglect, or domestic violence
 - ◊ Preventing or reducing a serious threat to anyone’s health and safety
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Do research

- We can use or share your information for health research.
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Comply with the law

- We will share information about you if state or federal law require it, including the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
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Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies
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Address workers’ compensation, law enforcement, and other government requests

- We can share health information about you:
 - ◊ For workers’ compensation claims
 - ◊ For law enforcement purposes or with a law enforcement official
 - ◊ With health oversight agencies for activities authorized by law
 - ◊ For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Your Rights Regarding Electronic Health Information Exchange

As explained above, health care providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment, and health care operations. Until now, providers and health plans have exchanged this information directly by hand-delivery, mail, facsimile, or e-mail. This process is time consuming, expensive, not secure, and often unreliable.

Electronic health information exchange, or HIE, changes this process. New technology allows a provider or a health plan to submit a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants.

An organization known as the Kansas Health Information Exchange, or KHIE, regulates HIOs operating in Kansas. Only properly authorized individuals may access information through an HIO operating in Kansas, and only for purposes of treatment, payment, or health care operations.

Under Kansas law, you have the right to decide whether providers and health plans can access your health information through an HIO. You have two choices. First, you can permit authorized individuals to access your electronic health information through an HIO for treatment, payment, or health care operations only. If you choose this option, you do not have to do anything.

Second, you can restrict access to all of your electronic health information through any HIO operating in Kansas with the exception of access by properly authorized individuals as needed to report specific information as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

If you wish to restrict access, you must complete and submit the required form to KHIE. You must provide specific information needed to put your requested restrictions in place. The form is available at <http://www.khie.org>. You cannot request restrictions on access to certain information and permit access to all other information; your choice is to permit access to all of your information or restrict access to all of your information.

For your protection, each request is subject to verification procedures which may take several days to complete. Your failure to provide all information on the required form may result in additional delay.

Once your request has been processed, your electronic health information no longer will be available through HIOs operating in Kansas except for mandatory reporting requirements. You may change your mind at any time and permit access by submitting another request to KHIE.

Please understand your decision to restrict access to your electronic health information through an HIO will limit your health care providers' ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision.

If you have questions regarding electronic health information exchange or HIOs, please visit <http://www.khie.org> for additional information.

Your decision to restrict access to your electronic health information through an HIO does not impact other disclosures of your health information. Providers and health plans may continue to share your information directly through other means (such as by facsimile or secure e-mail) without your specific written authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date of Notice: February 12, 2018.

If you have questions about this notice, please contact the practice:

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