

# PRIVACY NOTICE TO OUR PATIENTS

Effective April 14, 2003

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.

THIS NOTICE IS FOR YOUR INFORMATION. NO RESPONSE IS REQUIRED.

Westside Christian Counseling Center is committed to protecting the confidentiality of your health information. This notice describes the ways in which we may use and disclose your protected health information. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to maintain the privacy of your health information, give you this notice of our legal duties and privacy practices and make a good faith effort to obtain your acknowledgment of receipt of this notice; and follow the terms of the notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe different ways that we are permitted to use and disclose your protected health information ("PHI"). To the extent state law requires your consent to these disclosures, we, of course, would not make the disclosure without first obtaining your consent. If state law does not require your consent, we are permitted to use and disclose your PHI for these purposes with consent or authorization.

**For Treatment:** We may use and disclose your PHI for our treatment purposes. For example, we will obtain information from you that is related to your treatment and will record such information in your medical record. We may also disclose your PHI to other health care providers who request it in connection with their treatment of you. An example of a disclosure for treatment purposes is a consultation between one of our providers and a specialist (such as an oncologist) regarding your condition.

**For Payment:** We may use and disclose PHI so that the treatment and services you receive at our offices may be billed to, and payment collected from, you, an insurance company, or another third party. Examples of such uses and disclosures include, but are not limited to, providing your health plan information about services you received so that it will pay us or reimburse you for the same, notifying your health plan about treatment you are scheduled to receive in order to obtain prior approval for such treatment or to determine whether the plan will cover such treatment, and providing information to third party payers so that they may review the treatment provided to ensure that appropriate care was rendered. We may also disclose your PHI to other health care providers, health care clearinghouses, and health plans to assist them in their billing and collection efforts.

**For Health Care Operations:** In order to operate our office and ensure that all our patients receive quality care, we may use and disclose PHI for various operational purposes. For example, your PHI may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to evaluate the performance of our staff in caring for you, assess the quality of care and outcomes in your cases and similar cases, learn how to improve our facilities and services, and determine how to continually improve the quality and effectiveness of the health care we provide. We may also disclose your PHI to other health care providers, health care clearinghouses, and health plans with which you have had a relationship to assist them with certain of their health care operations activities.

**To Others Involved in Your Healthcare:** The Practice has policies and procedures that provide for the release of information about your care or payment for such care to a member of your family, a relative, a close friend, or any other person involved in your care or payment for your care when you are not present or able to give authorizations for the release of information. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it.

**As Required by Law:** We may use or disclose your PHI to the extent we are required to do so by federal, state, or local law. For example, the Practice may disclose PHI about you for the following purposes: (i) for judicial and administrative proceedings pursuant to legal authority; (ii) to report information related to victims of abuse, neglect or domestic violence; and (iii) to assist law enforcement officials in their law enforcement duties.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION**

**Right to Request Restrictions:** You have the right to request us to place restrictions on the way we use and disclose your PHI for treatment, payment or healthcare operations or as described in the section of this notice entitled “Others Involved in Your Healthcare.” You must make your request for restrictions in writing on the form provided by the Practice. However, we are not required to agree to these restrictions. If we do agree to a requested restriction, we may not use or disclose your PHI in violation of that restriction, unless it is needed for an emergency.

**Confidential Communications:** You have the right to ask us to communicate with you about your PHI by alternative means or to alternative locations. You must make your confidential communication request in writing on the form provided by the Practice. We must accommodate a reasonable request for confidential communications.

**Access to PHI:** You have the right to look at or receive a copy of your PHI contained in a “designated record set,” with a few exceptions. You do not have the right to look at or receive a copy of any psychotherapy notes in your file. You must make your request in writing on the form provided by the Practice and provide us the specific information we need to fulfill your request. We may deny your request in certain limited circumstances and in some cases, you may have the right to have the denial reviewed by a licensed health care professional who was not involved with the denial of the request.

**Amendment of PHI:** You have the right to request us to amend any PHI about you that is contained in a “designated record set” and which is incomplete or inaccurate. You must make your request for amendment in writing on the form provided by the Practice. If we agree that the original information was incomplete or inaccurate, we will correct our records. If we do not agree, you may submit a short statement of dispute, which we will include in any future disclosure of your PHI or, alternatively, you may request that we provide your request for amendment and the denial of such request with any future disclosures of the PHI at issue. We have the right to prepare a rebuttal to any statement of dispute submitted by you.

**Accounting of Certain Disclosures:** You have the right to request us to provide you with an accounting of certain disclosures we have made of your PHI by making a request in writing on the form provided by the Practice. The written request must state the time period desired for the accounting, which must be less than a six-year period starting after April 14, 2003.

**Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice, even if the notice was originally sent to you electronically. You may ask us to give you a copy of this notice at any time.

To obtain the forms necessary to exercise your rights, contact the HIPAA Privacy Official at (316) 440-8928. All completed request forms should be sent to Westside Christian Counseling Center, Attn: HIPAA Privacy Official, 520 S. Holland Suite 512, Wichita, Ks 67209.

We may change the terms of this notice at any time. The new notice will be effective for all PHI that we maintain, including PHI that was created or received prior to the date of such change. We will make any new Notice of Privacy Practices available at any of our healthcare delivery sites wherever we make a material change in our privacy practices described in our notice.

## **QUESTIONS AND COMPLAINTS**

For additional information or if you have any questions regarding our privacy policy, please write us at 520 S. Holland Suite 512, Wichita, Ks, 67209 or call us at (316) 440-8928.

If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made about access to your PHI, you may file a complaint with the HIPAA Privacy Official at the above address or by phone at (316) 440-8928. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. Send your complaint to: Medical Privacy, Complaint Division, Office for Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington DC, 20201, or contact the Voice Hotline Number (800 368-1019), or send the information to their internet address [www.hhs.gov/ccr](http://www.hhs.gov/ccr). We will not take retaliatory action against you if you file a complaint about our privacy practices to us or with the Office for Civil Rights or any other governmental agency.

**For Public Health Activities:** We may disclose PHI about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability or for other health oversight activities authorized by law.

**Organ and Tissue Donation:** If you are an organ donor, we may use or disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transportation.

**Coroners, Medical Examiners and Funeral Directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about you to funeral directors as necessary for them to carry out their duties.

**For Research:** We may use and disclose PHI for research purposes, provided we have taken established measures to protect your privacy. For instance, we must obtain your authorization to use or disclose PHI for research purposes unless such authorization requirement is altered or waived by an institutional Review Board or other authorized privacy board or unless we enter into a data use agreement with the recipient of the information and only use or disclose information in a “limited data set” in accordance with such agreement.

**For Fundraising:** We may disclose limited PHI about you to business associates or institutionally related foundations for the purpose of raising funds for the benefit of the Practice. If you do not want us to use or disclose your health information for fundraising efforts, you must notify us in writing at the address set forth at the end of this notice.

**For Health and Safety:** We may use or disclose PHI about you if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of others. Any disclosure, however, would only be made to someone reasonably able to help prevent or less the threat.

**Government Functions:** We may disclose your PHI in connection with specialized government functions such as the protection of public officials or reporting to various branches of the armed services.

**Correctional Institutions:** We may disclose PHI about you to a correctional institution or a law enforcement official if you are in their custody provided that the disclose is necessary for certain purposes, including the provision of your healthcare and the safety and health of others.

**Workers Compensation:** We may use or disclose PHI about you as authorized by laws relating to the workers’ compensation or other similar programs.

**Appointment Reminders:** The Practice may use your PHI to provide appointment reminders via telephone (including leaving messages on your answering machine) or through the mail (including by postcard). We may also use your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Business Associates:** Information may be shared with third party “business associates” that perform various activities for us or on our behalf. Whenever such an arrangement involves the use or disclosure of your PHI, we will have a written contract with such third party that contains terms designed to protect the privacy of your PHI.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance on the use or disclosure permitted by the authorization. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Of course, we are unable to take back any disclosures we have already made with your permission.