

WICHITA FAMILY MEDICINE SPECIALISTS, LLC
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NOTICE OF PRIVACY PRACTICES

Effective Date: 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.

If you have any questions about this notice, please contact our Privacy Officer, Stephani Lopez, at (316) 858-5866.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We are committed to protecting the confidentiality of medical information about you. We create a record of the care and services you receive, which typically contains your symptoms, examination and test results, diagnoses, treatment, recommendations for future care, and billing-related information. This record enables us to provide you with quality care and to comply with legal requirements.

This notice will tell you about the ways in which we may use and disclose medical information about you. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This notice also describes your rights and the obligations we have regarding the use and disclosure of your health information.

We are required by law to make certain that medical information about you is kept private, to give you this Notice of Privacy Practices, and to follow the terms of the notice that is currently in effect.

PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR SPECIFIC AUTHORIZATION

The following examples describe ways in which we are permitted to use and disclose your medical information without a specific authorization from you.

For Treatment: We may use medical information about you to provide, coordinate, or manage your medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, and other health care providers and professionals to assist them in treating you.

For example, we may need to disclose your pregnancy to a cardiologist treating you for an irregular heartbeat or other heart condition. We may also share medical information about you, such as prescriptions, lab work, and x-rays, to coordinate all your health care needs. We may also disclose medical information to people outside our medical facility, such as family members or friends, who may be providing services that are part of your care. You will, however, have the right to restrict such communications.

For Payment: We may use and disclose your protected health information, as needed, to obtain payment for your health care services. This may include information your health insurance plan needs before it approves or pays for recommended health care services. For example, obtaining approval for a hospital admission may require the disclosure of your protected health information to your insurance company to gain approval for both the admission and future payment. We may also release information to other health care providers to assist them in obtaining payment for services they have provided to you.

For Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our medical practice and to make certain all our patients receive quality care.

For example, we may disclose your health information to medical students who see patients in our office. We may use a sign-in sheet in our lab and radiology reception area where you will be asked to sign your name and indicate your doctor. We may also call you by name in our reception areas when your physician or a member of our staff is ready to see you. We may also combine the health information of many patients to determine whether we should offer additional services, to ensure treatments are proving effective, and to compare our medical information with those of other practices to see whether we need to make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may study health care delivery without knowing who the specific patients are.

Appointment Reminders: We may use and disclose medical information to contact you and remind you that you have an appointment for treatment or medical care. We may leave messages on your telephone answering machine wherein we identify our medical practice and ask you to return our call, unless you direct us to do otherwise.

Treatment Alternatives: We may use and disclose medical information to notify you of recommended treatment options or alternatives which may be of interest or benefit to you.

Health-Related Benefits and Services: We may use and disclose medical information to advise you of health-related benefits or services that may be of interest to you.

Business Associates: We have contracts or arrangements with business associates wherein we may disclose your medical information. For example, we may contract with a copy service to make copies of your medical records. We do require, in these instances, that our business associates properly safeguard your protected health information.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a family member or friend who is involved in your care or payment for your care. We may also disclose information about you to an organization assisting with a disaster relief effort so that your family may receive notification of your condition and location.

Research: We may use and disclose, in limited circumstances, medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication with those who received another medication, for the same condition.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety or the health and safety of others. Disclosure would be made only to someone able to help prevent the threat.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes or to assist in the determination of cause of death. We may also disclose health information to funeral directors, as authorized by law, in order that they may carry out their duties. If you are an organ donor, we may use or disclose health information to organizations which handle organ procurement; organ, eye, or tissue transplantation; or to an organ bank, as necessary to facilitate donation and transplantation.

Military and National Security: We may release medical information about Armed Forces personnel as required by military command authorities; for the purpose of determination by the Department of Veterans Affairs of a person's eligibility for benefits; or to a foreign military authority if patient is a member of that

foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

Employers: We may release health information about you to your employer if we provide services to you at the request of your employer, and the services provided relate to either medical surveillance of the workplace or a work-related illness or injury. We will give you written notice of such release of information to your employer.

Worker's Compensation: We may disclose medical information about you for worker's compensation or similar programs.

Public Health Risks and Communicable Diseases: We may disclose your protected health information for public health activities and purposes to a public health authority permitted by law to collect or receive the information. These include, but are not limited to, prevention or control of disease, injury, or disability; reporting of births and deaths; reporting of child abuse or neglect; reporting of reactions to medications; notification of recalls of products; and notification to a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease. We will notify an appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence only with your agreement or when required or authorized by law.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These activities are necessary for the government to monitor government benefit programs and compliance with civil rights laws.

Legal Proceedings: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose this information in response to a subpoena or discovery request, but only if efforts have been made to notify you or to obtain an order protecting requested information.

Law Enforcement: We may also release health information for law enforcement purposes. These purposes include a court order, subpoena, warrant, or summons; identification or location of a suspect, fugitive, material witness, or missing person; information about the victim of a crime; information about a death we believe may be the result of criminal conduct; information concerning criminal conduct in our office; and, in emergency circumstances, the reporting of a crime, the location of a crime, or the identity or description of the person who committed the crime.

Inmates: If you are an inmate of a correctional facility or in the custody of a law enforcement official, we may release medical information about you for the institution to provide you with health care, to protect the health and safety of you and others, or for the safety and security of the institution.

OTHER USES AND DISCLOSURES

Uses and disclosures not covered by this notice will be made only with your written authorization. You may revoke your authorization, in writing, at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. Its first page will always contain its effective date.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy: This means you may inspect and obtain a copy of your medical information to include medical and billing records. Under federal law, however, you may not inspect or copy psychotherapy notes and information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. To inspect and request copies of protected health information, you must make your request in writing to our Privacy Officer. We may charge you a fee for the costs of copying and mailing

information you request. We may deny your request to inspect and copy in certain very limited circumstances. If you receive a denial, you may request that the denial be reviewed by another licensed health care professional chosen by Wichita Family Medicine Specialists, LLC. We will comply with the outcome of that review.

Right to Request Amendment: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the medical information kept by or for our practice, is not part of the information open to patient inspection or copying, or if the information as it exists is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request a list of the disclosures we have made of medical information about you. You must submit your request in writing to our Privacy Officer, your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003, and your request should indicate in what form you want the list (paper or electronic).

Right to Request Restrictions: You have the right to request a restriction or limitation on medical information we disclose about you. We are not required to agree to your request; however, if we do agree, we will comply unless full information is needed to provide you with emergency treatment. To request a restriction, you must complete a specific form for this purpose which may be obtained from our Privacy Officer.

Right to Request Specific Methods of Communication: You may submit a written request to our Privacy Officer on our Patient Communication/Contact Instruction form requesting that we communicate with you about medical matters in a certain way or at a certain location. We will not request an explanation from you as to the reason for your request. We will accommodate all reasonable requests.

Right to Paper Copy of This Notice: You have the right to receive a paper copy of this notice. You may request a copy from our receptionist at any time.

COMPLAINTS

If you believe your privacy rights have been violated by us, you may file a complaint with the practice's Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED FOR FILING A COMPLAINT.

ACKNOWLEDGEMENT

We are required by law to make a good faith effort to both provide you with our Notice of Privacy Practices and to obtain an acknowledgement of its receipt from you. However, your receipt of care and treatment is not conditioned upon your providing us with a written acknowledgement.