



6200 E. Central • Wichita, KS 67208  
(316) 858-5800 • Fax (316) 858-5850

April 14, 2003

Dear Patient:

The U.S. Department of Health and Human Services requires health care providers to protect your health care information and to provide you with a notice describing your rights as a patient.

Attached to this letter you will find our Notice of Privacy Practices. We are required to provide this Notice to you and obtain your Acknowledgement of its receipt prior to providing services to you. This acknowledgement will be maintained in your permanent record. Please read the Notice, in its entirety, ask any questions you may have concerning its contents, and maintain it in a safe place for future reference.

Contents of this Notice include the following:

How We May Use and Disclose Health Information About You Without Your Specific Authorization

Your Rights Regarding Your Health Information

How to File Complaints Concerning our Privacy Practices

Maintaining the privacy of your health information is very important to us. We appreciate the opportunity to participate in the delivery of your health care.

Sincerely,

Privacy Officer  
Wichita Family Medicine Specialists, LLC