

# Notice of Midwest Medical Specialists, P.A. HIPAA Privacy Practices

Effective as of April 14, 2003  
Revised Sept. 27 2016

## **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 of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you that individually identifies you and that relates to your past, present or future physical or mental health or conditions and related health care services including payment for your health care.

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

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as-needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, protocol development, training of medical students and staff, licensing, reviewing and auditing, including compliance reviews, activities to improve health, fundraising, and conducting or arranging for other business activities. For example, we may use your protected health information to internally review the quality of the treatment and services you received by the staff.

**Health Information Exchange:** Midwest Medical Specialists, P.A. participates in a Health Information Exchange (HIE). A HIE allows health care professionals and patients to access and securely share a patient's vital medical information electronically. Your PHI may be disclosed to the HIE and to other health care providers that participate in the HIE.

**Appointment Reminders:** We may use and disclose PHI to contact you to remind you that you have an appointment.

**Treatment Alternatives/Health Related Benefits and Services Available:** We may use and disclose PHI to contact you to tell you about or recommend possible treatment options, alternatives or health related benefits and services that are available and may be of interest to you.

**Fundraising:** We may use your PHI for fundraising activities. If you do not want to be contacted for fundraising purposes, you must notify our office in writing and you will be given the opportunity to opt out of these communications.

**When Legally Required:** Your PHI will be disclosed when it is required to do so by any Federal, State or local law.

**Public Health Risks:** We may disclose your PHI for public health activities. This includes disclosures to 1) prevent or control disease, injury or disability; 2) report births and deaths; 3) report child abuse and neglect; 4) report adverse events, product defects, enable product recalls, track products and conduct compliance with requirements of the FDA; 5) Notify a person that has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

**Abuse, Neglect or Domestic Violence:** We are allowed to disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

**To Avert a Serious Threat to Health or Safety:** We may disclose PHI when necessary to prevent a serious threat to your health or safety or to the health and safety of the public.

**Research Purposes:** Under very select circumstances, we may use your PHI for research purposes, but we will only do that if the research has been subject to an extensive review and approval process.

**Health Oversight Activities:** Your PHI may be disclosed to a health oversight agency for activities authorized by law including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action that are necessary for the government to monitor the healthcare system, government programs and compliance.

**Business Associates:** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

**Law Enforcement Purposes:** We may disclose PHI for law enforcement purposes as long as applicable legal requirements are met.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) the safety and security of the correctional institution.

**Workers' Compensation:** We may use or disclose PHI for workers' compensation or similar programs.

**Specified Government Functions:** We may use or disclose your PHI, as required, for specified functions related to military and veterans, national security or intelligence activities.

**Organ and Tissue Donation:** If you are a donor, we may use or disclose your PHI, as necessary, to facilitate organ donation and transplantation.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose PHI so that they can carry out their duties.

**Lawsuits and Disputes:** We may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request or other lawful process, but only if efforts have been made to inform you of the request or to obtain an order protecting your health information.

**Individuals Involved in Your Care or Payment for Your Care:** We may release PHI to a member of your family or friend who is involved in your medical care or to someone who helps pay for your care, unless you object in writing and ask us not to provide this information to specific individuals. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

## **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

**Other Permitted and Required Uses and Disclosures** will be made **only with your consent, authorization** or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

**You may revoke the authorization**, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

## **YOUR RIGHTS**

You have the following rights, subject to certain limitations, regarding your Protected Health Information.

**Right to Inspect and Copy:** You have the right to inspect and copy your health information that may be used to make decisions about your care or payment for your care. A written request to inspect and copy records may be made to the Practice Manager. If you request a copy of your health information we may charge you a reasonable fee for copying, assembling, mailing or other supplies associated with your request. We have up to 30 days to make your PHI available to you. We may deny your request in limited circumstances. If we deny your request, you have the right to have your denial reviewed by another licensed health care provider chosen by the Provider who was not involved in the denial of your request. We will comply with the outcome of the review.

**Right to Request Restrictions:** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care. If you wish to make a request for restrictions, you must do so in writing and state the specific restriction requested. We are not required to agree to your request, unless you are asking us to restrict PHI to a health plan for payment for services for which you have paid us “out-of-pocket” in full.

**Right to Confidential Communications:** You have the right to request that we communicate with you in a certain way to preserve your privacy. You must make any such request in writing and specify how we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

**Right to Request Amendments:** You have the right to request that we amend your records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by us. A request for amendment must be made in writing to the Privacy Officer at the address provided on this notice and it must tell us the reason for your request. The request may be denied. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**Right to Accounting of Disclosures:** You have the right to request an accounting of disclosures of your PHI for certain reasons, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, or healthcare operations as described in this notice, those required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

**Right to Notice of Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.

**Right to a Paper Copy:** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may also obtain a copy on our website at [www.midwestmedicalspecialists.com](http://www.midwestmedicalspecialists.com)

### **HOW TO EXERCISE YOUR RIGHTS**

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer, at the address listed at the end of this Notice. We may ask you to complete a form that we will supply. To receive a paper copy of this Notice, contact our Privacy Officer by phone or mail.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of current Notice is posted in our office and on our website.

### **COMPLAINTS**

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

You may file a complaint with us by notifying our Privacy Officer of your complaint at the address listed below. All complaints must be in writing. There will be no retaliation against you for filing a complaint.

Privacy Officer  
Midwest Medical Specialists, P.A.  
5330 North Oak, Suite 201  
Kansas City, MO 64118  
(816) 454-6079

**We are required by law to maintain the privacy of your Protected Health Information and to provide to you this Notice of our legal duties and privacy practices. We are also required to abide by the terms of the Notice currently in effect.**