



Patient Privacy Information (HIPAA): Notice of Privacy Practices

Except for disclosure of information required by law, billing purposes, or for patient management/treatment, nothing can be disclosed without the signature of the patient as well as the signature of the attending provider. Information transfer will take at least one day to complete by mail unless requested in writing via an alternative method. For release of your information by our office, paper copies of a signature are as valid as the original. **Electronic signatures will be accepted.**

The notice below will explain how we may disclose your medical information, our obligations related to the use and disclosure of your medical information, and your rights related to any medical information that we have about you as a patient. This notice applied to the medical records that are generated in or by House Calls KC. The office privacy site coordinator is Dencia Golphinopoulos and you may reach her at our office phone: 913-681-2398. With a few exceptions, we are required to obtain your authorization for the use or disclosure of your health information. We have listed some of the reasons we might use or disclose your medical information in addition to examples of the types of uses and disclosures below. Not every use or disclosure is covered. In addition to the office of House Calls KC, the following persons will follow the practices described in this notice of privacy practices: Any healthcare professional who is authorized to enter information in your medical record. In addition, they may share medical information for treatment, payment, or health care operations as they are described in this Notice of Privacy Practices.

Use and Disclosure of Medical Information: The office and staff of House Calls KC can use or disclose medical information about you as the patient regarding your treatment, payment for services, or for healthcare operations. The office of House Calls KC may also disclose your protected healthcare information for the treatment activities of another provider, the payment activities of another provider or covered entity, in certain limited healthcare operations of another covered entity.

Treatment: To provide you with medical treatments or services, we may need to use or disclose medical information to doctors/providers, nurses, technicians, or other healthcare personnel who are involved in your treatment. For example, a provider may need to know what medications you are allergic to before prescribing additional medications. We may also disclose medical information about you or people who may be involved in your medical care after your visit such as home health agencies, designated family, hospice care, long-term care facilities, and if you request, your clergy member.

Payment: We may use and disclose your medical information to bill and receive payment for the treatment that you receive via House Calls KC. We may also ask your insurance company for prior approval for a service to determine whether the insurance company will pay for the service.

Uses and disclosures of medical information without authorization: We can use or disclose health information about you as the patient without your authorization when there is a potential emergency, when we are required by law or statute, or when there are substantial communication barriers to obtaining authorization from you as the patient. Further, we may disclose your health information without your authorization in any of the following circumstances: appointment notices, simple messages regarding normal test results, simple generic management instructions delivered by email or voicemail as a reply to your email or voicemail or recent health management; when it is required by law, or required by regulations or statutes for public health activities such as mandatory disease reporting, etc.; when reporting information about victims of abuse, neglect, or domestic violence; when disclosing information for the purpose of health oversight activities such as audits, investigations, licensure, or actions/legal proceedings; communications with your pharmacy regarding prescribed medications; When does closing information for law enforcement purposes, for instance, to locate or identify a suspect, fugitive, witness, or missing person or regarding a victim of a crime who cannot give authorization because of incapacity; when disclosing information about deceased persons to medical examiners, coroners, and funeral directors; when disclosing or using medical information for organ and tissue donation purposes; when we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or the public's safety.

Disclosure to which you may object: We will use or disclose your health information for any of the purposes described in the above sections unless you affirmatively object to or otherwise restrict a particular release in writing. You must direct your written objections or restrictions to the Privacy Site Coordinator as described above.

Other uses and disclosures: We will not use or disclose your health information without your written authorization except as described in this Notice of Privacy Practices. If you provide us with writing authorization to use or disclose information, you can change your mind and revoke your authorization at any time as long as your revocation is provided in writing to the Privacy Site Coordinator. If you revoke your authorization, we will no longer use or disclose the information, however, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

Your health information rights: Although your health record is the property of our office, House Calls KC, you have the right to: request restrictions: you have the right to request that we restrict any use or disclosure of your health information. We are not required to agree to any restriction that you request. If we do agree to adhere to your restrictions, we will comply with your request unless the information is needed to provide your treatment. Any requests to restrict uses or disclosures must be made in writing to the privacy site coordinator as described above. your request must indicate: (1) what information you want limited; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Receive information in certain form and location: You have the right to receive information about your health in a certain form and location. For instance, you can request that we contact you at work. To request confidential communications, you must make your request in writing to the Privacy Site Coordinator. The request must tell us which and or where you want to receive information. We will attempt to accommodate reasonable requests.

Inspect and copy your protected health information (PHI): You have the right to inspect and request a copy of your protected health information that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information you must submit your request and writing to the Privacy Site Coordinator. If you want to request copies of information, we may charge the standard fee for any cost associated with your request, including the cost of copies, mailing, or other supplies as set by the Kansas statutes and regulations.

Changes/Amendments to medical records: You have the right to request in writing to the Privacy Site Coordinator a change or amendment to your medical record. Note: We can deny your request if it is not in writing and if it does not include why the information should be changed. We can also deny your request for the following reasons: (1) the information was not created by our office or unless the person or entity that did create the information is no longer available; (2) the information is not part of the medical record kept by/or for our office, (3) the information is not part of the medical record that you would be permitted to inspect and copy; or (4) we believe the information is accurate and complete.

Complaints: If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this notice of privacy practices, you can file a complaint by putting it in writing and sending it to the Privacy Site Coordinator. You may also file a complaint with Secretary of U.S. Department of Health and Human Services, 200 Independence Ave, SW Washington D.C., 20201. To acquire a copy of the complaint form from the Office of Civil Rights please call 1-800-368-1019.

Changes to this Notice of Privacy Practices: We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we can make will be effective for any health information that we have about you as the patient and any information that we might obtain. The most recent version of our Notice of Privacy Practices will be with the Privacy Site Coordinator and can be obtained from our office. If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone at the office regarding any of the information contained in this Notice of Privacy Practices, please contact our Privacy Site Coordinator - Dencia Golfinopoulos, at our main office.

By signing below, I acknowledge that I have received the House Calls KC Notice of Privacy Practices.

Signature:

Date: