E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related matters in a particular manner or at a particular location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to [Privacy Officer, 3100 Broadway, Suite 509, Kansas City, MO 64111] specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the location where you wish to be contacted. Our practice will accommodate reasonable requests. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to [Privacy Officer, 3100 Broadway, Suite 509, Kansas City, MO 64111]. Your request must describe in a clear and concise fashion:

(a) the information you wish restricted,

(b) whether you are requesting to limit our practice’s use, disclosure or both; and

(c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and copy a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to [Privacy Officer, 3100 Broadway, Suite 509, Kansas City, MO 64111] in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to [Privacy Officer, 3100 Broadway, Suite 509, Kansas City, MO 64111]. You must provide us with a reason that supports your request for amendment. Our practice will inform you in writing of any denial of the request and the reason supporting the denial. We may deny your request if you ask us to amend information that is accurate and complete; if our practice would be required to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your claim. In order to obtain an accounting of disclosures, you must submit your request in writing to [Privacy Officer, 3100 Broadway, Suite 509, Kansas City, MO 64111]. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period in free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact [Privacy Officer, (816) 531-7373].

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact [Privacy Officer, (816) 531-7373]. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, our practice may no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact [Privacy Officer, (816) 531-7373].
The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to change our notice of privacy practices and such changes will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

[Privacy Officer, 3100 Broadway, Suite 509, Kansas City, MO 64111, (816) 531-7373.]

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IIHI.

1. Treatment. Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. For example, a parent or guardian may ask a friend or relative to take their child to the doctors office for treatment. In this example, the friend/relative may have access to this patient’s medical information.

2. Payment. Our practice may use and disclose your IIHI in order to bill and collect payments for the services and items you may receive from us. For example, we may contact your health insurance to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your diagnosis or treatment if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may will bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment.

5. Treatment Options. Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services. Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask a friend or relative to take their child to the doctors office for treatment. In this example, the friend/relative may have access to this patient’s medical information.

8. Disclosures Required By Law. Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLAIMER OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your IIHI.

1. Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

   - maintaining vital records, such as births and deaths
   - preventing and controlling disease, injury or disability

2. Reporting to Certain External Parties. Our practice may use your IIHI to report certain activities to certain government authorities or to health and human services agencies which are authorized to collect certain health related information.

3. Health Oversight Activities. Our practice may disclose your IIHI to an oversight entity authorized to assure compliance with law, regulations, and standards for health care organizations. The following categories describe unique scenarios in which we may use or disclose your IIHI:

   - conducting surveys, inspections, audits, or investigations
   - assisting in the licensing and disciplinary actions of state or local government officials
   - conducting activities necessary to the oversight of health care operations

4. Disclosures Required By Law. Our practice may disclose your IIHI to certain parties to carry out certain activities authorized by law. The following categories describe unique scenarios in which we may use or disclose your IIHI:

   - to law enforcement officials
   - to identify/locate a suspect, victim, witness, perpetrator
   - to prevent or control a serious threat to health or safety

5. Disclosures Related to the Deceased. Our practice may disclose your IIHI to a medical or coroner’s office to identify the deceased or to determine the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation. Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

   - the use or disclosure involves no more than a minimal risk to your privacy based on the following:
     (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research needs; (C) if the plan involves research that is authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;
     (ii) the research could not practically be conducted without the waiver; and (iii) the research could not practically be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health or safety or the health and safety of another individual. Under certain circumstances, we will only make disclosures to a person or organization able to help prevent the threat.