

HUTCHINSON CLINIC, P.A.
HUTCHINSON AMBULATORY SURGERY CENTER, LLC
NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Hutchinson Clinic, P.A. and Hutchinson Ambulatory Surgery Center, LLC are dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Our privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice 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. A copy of our current Notice will be posted in our offices in a visible location at all times, will be available on the Clinic's website (www.hutchclinic.com) , or you may request a copy of our most current Notice at any time.

B. QUESTIONS AND COMPLAINTS:

For additional information or if you have any questions regarding our privacy policy, please write us at Hutchinson Clinic, P.A., Attention: HIPAA Privacy Officer, 2101 N. Waldron, Hutchinson, Kansas, 67502-1197 or call us at (620) 669-2500 or toll-free at (800) 779-6979.

If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made about access to your PHI, you may file a complaint with the HIPAA Privacy Officer at the above address or by calling the number set forth above. You also have the right to file a complaint to: Medical Privacy, Complaint Division, Office for Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington DC, 20201; or contact the Voice Hotline Number (800) 368-1019; or send the information via their website at www.hhs.gov/ocr. We will not take retaliatory action against you if you file a complaint about our privacy practices to us or with the Office for Civil Rights or any other governmental agency.

C. WE MAY USE AND/OR DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

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

- 1. Treatment.** Our practice may use and disclose your PHI 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 PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. We may also disclose your PHI to other health care providers for purposes related to your treatment.
- 2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also disclose your PHI to other health care providers, health plans, and health care clearinghouses to assist them in their billing and collection efforts.
- 3. Health Care Operations.** Our practice may use and disclose your PHI 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 PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may also disclose your PHI to other health care providers, health plans, and health care clearinghouses with which you have had a relationship to assist in their health care operations.
- 4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment, including leaving messages on your answering machine and/or sending you letters.
- 5. Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. 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. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

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

D. WE MAY ALSO USE AND/OR DISCLOSE YOUR PHI IN THE FOLLOWING SPECIAL CIRCUMSTANCES.

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of carrying out certain activities authorized by law, such as:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for that agency to carry out activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs involving health care, compliance with certain civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if efforts have been made to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official to enable him or her to carry out certain activities authorized by law, such as disclosures:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for the funeral directors to perform their jobs (i.e. death certificate).

6. Organ and Tissue Donation. Our practice may release your PHI 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 PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (i) an Internal Review Board or Privacy Board has waived or altered the authorization requirement; or (ii) we enter into a data use agreement with the recipient of the information and disclose information in a limited data set.

8. Serious Threats to Health or Safety. Our practice may use and disclose your PHI when we reasonably believe it is necessary to reduce or prevent or lessen a serious and imminent threat to your health and safety or the health and safety of another individual or to the public. Under these circumstances, we will only make disclosures to a person or organization reasonably able to help prevent or lessen the threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official and such information is necessary for them to carry out certain functions, such as providing health care services to you, providing for the safety and security of the institution, and protecting the health and safety of you and other individuals.

12. Workers' Compensation. Our practice may release your PHI for worker's compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI 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 issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential information, you must make a written request on the practice's form and submit it to the address set forth in section B of this notice. Our practice will accommodate requests that we deem reasonable. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict the types of disclosures discussed in the section of this notice titled "Release of Information to Family/Friends." **We are not required to agree to your request;** 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 as set forth herein, you must make a written request on the practice's form and submit it to the address set forth in section B of this notice. Please note that if we agree to your request for a restriction, we reserve the right to reverse the decision at a later date effective upon notification of the affected party.

3. Inspection and Copies. Our practice may charge a fee and ask for payment in advance of copying, mailing, and so forth. You have the right to inspect and obtain a copy of the PHI that is maintained in a designated record set, with a few exceptions. You must make a written request on the practice's form and submit it to the address set forth in section B of this notice. 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 in certain circumstances. A licensed health care professional who was not involved with the initial denial will be chosen by us to conduct such review.

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 on the practice's form and submitted to the address set forth in section B of this notice. You must provide us with a reason that supports your request for amendment. We may deny your request for amendment under certain circumstances. If

your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

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 the disclosures we made of PHI, with certain exceptions specifically defined by law. In order to obtain an accounting of disclosures, you must make a written request on the practice’s form and submit it to the address set forth in section B of this notice. 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 is 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 us at the address or phone number set forth in section B of this notice. A copy of this document is on our website at www.hutchclinic.com.

7. Right to Provide an Authorization for other Uses & 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 PHI may be revoked at any time in writing, except to the extent that action has already been taken in reliance on the use or disclosure permitted by authorization.