

# SUMMIT HEALTHCARE

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## NOTICE OF PRIVACY PRACTICES

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This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as Protected Health Information (PHI). This Notice also describes the Privacy Rights you have and how to exercise those rights. If you have any questions about this Notice, please contact the HIPAA Privacy Officer for Summit Healthcare at 620-662-6000, extension 423.

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### OUR COMMITMENT REGARDING YOUR HEALTH INFORMATION

To appropriately treat you and receive payment for the services we provide, we need to obtain information from you including your full name, address, insurance company, family medical history, current medical history and current medical condition. Summit Healthcare is committed to maintaining the confidentiality of our patients' personal information.

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### OUR LEGAL RESPONSIBILITY

We are required by applicable federal and state law to maintain the privacy of your health information. We are required to let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We are also required to give you this Notice about our privacy practices, our legal responsibilities, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. The effective date of this notice is February 14, 2014. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact the HIPAA Privacy Officer at Summit Healthcare.

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### USES AND DISCLOSURES OF HEALTH INFORMATION

**Treatment:** We may use and disclose your information to provide you with medical treatment and services. 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. Other providers may need your information to provide care, to coordinate with our Practice, or to provide services such as prescriptions, lab tests, meals and x-rays.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. You have the rights to restrict disclosure of PHI to your health plan if you or someone on your behalf pays for the item or service out-of-pocket, in full, unless disclosure is required by law. For example, if you have surgery, you have the right to request information regarding the surgery not be disclosed to your health plan if you have paid in full for all the items and service related to the surgery.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. *Authorization and consent will expire one year from the date authorization was written.*

**To Your Family and Friends:** We must disclose your health information to you as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable conclusions regarding your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing purposes or for most sharing of psychotherapy notes without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Law Enforcement Activities:** We may be required to disclose your information as required by law, pursuant to a court order, warrant, subpoena or summons.

**Public Health:** We disclose information to health agencies as required by law for preventing or controlling disease. Examples include reporting of sexually transmitted, communicable, and infectious disease; helping with product recalls; and reporting adverse reactions to medications.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Research:** We may use or share your information for health research.

**Organ and Tissue Donations:** We may share health information about you with organ procurement organizations.

**Medical Examiner or Funeral Director:** We may share your health information with a coroner, medical examiner, or funeral director when an individual dies.

**Military and Veterans:** If you are a member of the armed forces we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official. This release must be 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) for the safety or security of the correctional institution.

**National Security:** We may release information about you to authorized Federal officials for intelligence, counterintelligence and other National Security activities authorized by law such as, but not limited to, presidential protective services.

**Health Oversight Activities:** Your health information may be disclosed to governmental agencies or boards for investigations, audits, licensing, and compliance purposes.

**Judicial and Administrative Proceedings:** We may be required to disclose your health information to a court or for an administrative proceeding.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters, or text messages).

**Treatment Alternatives:** We may provide you with information about treatment alternatives and other health-related benefits and services.

**Disaster Relief:** We may disclose information about you to public or private agencies for disaster relief purposes.

**Hospital Directory:** We may include your PHI in a hospital directory.

**Fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.

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### ELECTRONIC HEALTH INFORMATION EXCHANGE

As previously noted, healthcare providers and health plans are granted the ability to use and disclose your protected health information without your written consent for purposes related to treatment, payment, and healthcare operations. While this is still true, advances in technology have led to the creation of an Electronic Health Information Exchange (HIE). The HIE streamlines and creates a more secure method for the exchanges of health information. Previously your health information was directly exchanged via mail, facsimile, and hand delivery. These methods were time consuming, costly, and not secure. The HIE allows health providers and health plans to submit single requests to obtain electronic records for a specific patient to other HIE participants through the Health Information Organization (HIO). Kansas Law grants you the right to determine whether providers and health plans can access your health information through an HIO. You have the choice to participate or have your health information restricted. If you choose to participate and permit authorized individuals to access your electronic health information through an HIO for treatment, payment, or healthcare operations, you are not required to take any action. However, if you choose to restrict access to all your electronic health information through any HIO operating in Kansas you must complete and submit the required form to KHIE. You can resend the restriction at any time by submitting another request to KHIE. To further protect your health information, all requests are subject to verification procedures which take upwards of several business days to complete. Failure to provide all requested information will create additional delays. Your restriction does have the following exception: Access by properly authorized individuals as needed to report specific information as required by law. Examples include suspected incidents of abuse and reporting of certain communicable diseases. Your restriction will only become effective once the specified documentation is received. The form is available at <http://www.KanHIT.org>. This restriction is an all or nothing option. You are unable to provide access to some health information while restricting other health information. Once your request to restrict information is processed, your health record cannot be accessed electronically through HIOs operating in Kansas except for mandatory reporting purposes.

If you have any questions pertaining to electronic health information exchange or HIOs, please visit <http://www.KanHIT.org> for additional information.

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### PATIENT RIGHTS

**Access:** You have the right to inspect and receive a copy of your health information either in paper or electronic format, with limited exceptions. The request must be made in writing on the form provided by the Practice. To obtain the form, contact the HIPAA Privacy Officer at Summit Healthcare. You will be charged for each copy of your health information at the current fee set by the State of Kansas.

**Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). If you pay for a service or health care item out-of-pocket, in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request. We will say "yes" to all reasonable requests.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, must explain why the information should be amended, and submitted to Summit Healthcare HIPAA Privacy Officer.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

**Appointment:** You may give someone medical power of attorney allowing them to exercise your rights and make choices about your PHI.

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### COMPLAINTS

If you want more information about your privacy rights, do not understand your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our HIPAA Privacy Officer at Summit Healthcare. You may also file written complaints with the **Secretary of the U.S. Department of Health and Human Services Office for Civil Rights** by sending a letter to 200 Independence Avenue, SW., Washington, DC 20201, calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). 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.

You may contact our HIPAA Privacy Officer at:

HIPAA Privacy Officer at Summit Healthcare  
1818 E 23<sup>rd</sup> AVE, Hutchinson, KS 67502

or

620-662-6000, extension 423