

Neurology Center of Wichita

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Wichita, KS 67217

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Effective Date of this Notice: 9/23/13

Notice of Privacy Practices

As required by the Privacy Regulations Created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU OR YOUR CHILD (AS A PATIENT OF NEUROLOGY CENTER OF WICHITA) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR CHILD'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW AND READ THIS CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintain the privacy of your child's individually identifiable health information (IIHI). In conducting our business, we will create records regarding your child and the treatment and services we provide to your child. We are required by law to maintain the confidentiality of health information that identifies your child. We are also 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 child's IIHI. By federal and state law, we much 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 much provide you with the following important information:

- How we may use and disclose your child's IIHI
- Your privacy rights in your child's IIHI
- Our obligations concerning the use and disclosure of your child's IIHI

The terms of this notice apply to all records containing your child's IIHI 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 child's records that our practice has created or maintained in the past, and for any of your child's 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 the most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR OFFICE AT 220 S. HILLSIDE, WICHITA, KS 67211. YOU MAY ALSO CALL US AT 316-686-6866.

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

The following categories describe the different ways in which we may use and disclose your child's (IIHI).

1. **Treatment.** Our practice may use your child's IIHI to treat him/her. For example, we may ask your child to have laboratory tests (such as blood tests), and we may use the results to help us reach a diagnosis. We might use your child's IIHI in order to write a prescription for him/her, or we might disclose your child's IIHI to a pharmacy when we order a prescription for him/her. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may disclose your child's IIHI in order to treat him/her or to assist others in your child's treatment. Additionally, we may disclose your child's IIHI to others who may assist in his/her care such as your child's grandparents, aunts/uncles, etc.
2. **Payment.** Our practice may use disclose your child's IIHI in order to bill and collect payment for the services and items your child may receive from us. For example, we may contact your health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your insurer details regarding your child's treatment to determine if your insurer will cover, or pay for, your child's treatment. We also may use and disclose your child's IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your child's IIHI to bill to your directly for services and items.

3. **Health Care Operations.** Our practice may use and disclose your child's IIHI to operate our business. As examples of the way in which we may use and disclose your child's information for our operations, our practice may use your child's IIHI to evaluate the quality of care your child received from us, or to conduct cost-management and business planning activities for our practice.
4. **Appointment Reminders.** Our practice may use and disclose your child's IIHI to contact you and remind you of an appointment.
5. **Treatment Options.** Our practice may use and disclose your child's IIHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** Our practice may use and disclose your child's 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 child's IIHI to a friend or family member that is involved in your child's care, or who assists in taking care of your child. For example, a parent or guardian may ask that grandparents or a close neighbor take the child to our office for treatment. In this example, the grandparents or neighbor may have access to your child's information.
8. **Disclosures Required By Law.** Our practice will use and disclose your child's IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR CHILD'S IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories can describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your child's 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
- Reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability
- Notifying a persona regarding potential exposure to a communicable 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 a patient (including domestic violence); however, we will only disclose this information if the patient/parents agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related to workplace injury or illness or medical surveillance

2. **Health Oversight Activities.** Our practice may disclose you child's IIHI to a health oversight agency for 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, compliance with civil rights laws and the healthcare system in general.

3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if your child is involved in a lawsuit or similar proceeding. We also may disclose you child's IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **Law Enforcement.** We may release IIHI if asked to do so by law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the parent's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct in our office
- In response to a warrant, summons, court order, subpoena, or similar legal process
- In an emergency, to report a crime (including the location or victims of the crime, or the description, identify or location of the perpetrator)

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

6. **Research.** Our practice may use and disclose your child's IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's IIHI for research purposes except when: a. our use or disclosure was approved by an Institutional Review Board or Privacy Board; b. we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use of disclosure of your child's IIHI is being used only for the research and (iii) the researcher will not remove any of your child's IIHI from our practice; or c. the IIHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to the IIHI of the decedents.

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

8. **Inmates.** Our practice may disclose your child's IIHI to correctional institutions or law enforcement officials if your child is an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: a. for the institution to provide health care services to your child, b. for the safety and security of the institution, and/or c. to protect your child's health and safety or the health and safety of other individuals.

9. **Disability Compensation.** Our practice may release your child's IIHI for disability compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR CHILDS IIHI

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

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your n child's health and related issues in a particular

manner or at a certain location. For instance, you may ask that we contract you at home, rather than work. In order to request a type of confidential communication you must make a written request to **Neurology Center of Wichita Medical Records or call 316-686-6866** 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 of disclosure of your child's IIHI for treatment, payment of health care operation. Additionally, you have the right to request that we restrict our disclosure of your child's IIHI to only certain individuals involved in your child's care or the payment for your child's care, such as family members or 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 your child. In order to request a restriction in our use or disclosure of your child's IIHI, you **must** make your request in writing to **Neurology Center of Wichita 220 S. Hillside, Wichita, KS 67211**. Your request must be in a clear and concise fashion:
 - a. The information you wish to be 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 obtain a copy of the IIHI that may be used to make decisions about your child, including patient medical records, billing records, but not including psychotherapy notes. You must submit your request in writing to **Neurology Center of Wichita 220 S. Hillside, Wichita, KS 67211**. Our practice has the right to 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 circumstance.

4. **Amendment.** You may ask us to amend your child's 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 in writing and submitted to **Neurology Center of Wichita 220 S. Hillside, Wichita, KS 67211**. You must provide us with a reason that supports your request for the amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in your opinion: a. inaccurate and incomplete; b. not part of the

IIHI kept by our practice; c. not part of the IIHI which you would be permitted 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 child’s IIHI for non-treatment or operation purposes. Use of your child’s IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor shares information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, your request must be made in writing and submitted to **Neurology Center of Wichita 220 S. Hillside, Wichita, KS 67211.** All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years from the date of disclosure. The first list you request within a 12 month period is \$25, but our practice may charge more 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.

7. **Right to File a Complaint.** If you believe your child’s 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 to our practice contact, **Neurology Center of Wichita 220 S. Hillside, Wichita, KS 67211.** All complaints must be submitted in writing. Your child will not be penalized for filing a complaint.

8. **Right to Provide 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 child’s IIHI may be revoked at any time in writing. After you revoke your child’s authorization, we will no longer use or disclose your child’s IIHI for the reasons described in the authorization. Please note, we are required to retain records for your child’s care.

9. **The Right to Opt out of Fundraising Communications.** You have the right to opt out of receiving fundraising communications in any intent to fundraise.
10. **The Right to be Notified in the Event of Breach.** In the event that there has been a breach with your child's IIHI, you have the right to be notified of such breach. Your child's health information is sensitive. We will inform you if there has been such a breach, however, if our practice believes that there is a low probability of your child's protected health information being compromised, such reports do not need to be made.
11. **The Prohibition of Genetic Information.** We will not disclose your child's health information that has genetic information about an individual for underwriting purposes. It is required by the Genetic Information Nondiscrimination Act.
12. **The Right to Restrict Disclosure of Protected Health Information.** You have the right to restrict disclosures of your child's IIHI to a health plan with the respect to health care for which the individual has paid out of pocket in full for those services. A signed authorization needs to be signed in order to restrict such disclosure. If you choose to restrict this disclosure to a health plan, you must pay out of pocket for that day's service in full. We are not required to offer a self-pay discount if you choose such restrictions.

F. THE USES AND DISCLOSURES THAT REQUIRE AUTHORIZATION

The Neurology Center of Wichita will never sell/disclose your child's IIHI without written authorization in the form of a release. We need a signature from a parent/guardian (unless the child is over the age of 18) in order to disclose the IIHI in the instances of:

- most uses and disclosures of psychotherapy notes (where appropriate)
- uses and disclosures of Protected Health Information for marketing purposes
- a sale of Protected Health Information

These actions will only be made with signed authorization.

Again, If you have any questions regarding this notice or our health information privacy policies, please contact **Neurology Center of Wichita, ATTN: MEDICAL RECORDS, 220 S. Hillside, Wichita, KS 67211.**