

**CARDIOVASCULAR CONSULTANTS OF KANSAS, INC.**  
**NOTICE OF PRIVACY PRACTICES**  
**Effective Date: January 1, 2014**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice, please contact:

Company: Cardiovascular Consultants of KS, PA  
Title: c/o Privacy Officer  
Address: 9350 E. 35th Street North, Suite 101  
Wichita, KS 67226  
Phone: (316) 265-1308  
Fax: (316) 265-4480

We are committed to protecting and promoting the rights of each of our patients. This **Notice of Privacy Practices** has been prepared to notify you of the uses and disclosures of protected health information that may be made by us, your rights with respect to protected health information, and our responsibilities with respect to your protected health information.

**A. WHO WILL FOLLOW THIS NOTICE.**

This notice describes our practices and that of:

Any health care professional authorized to enter information into your medical record.

All of our departments and units.

All of our physicians, employees, staff, students and volunteers.

All other facilities in our system. All of these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice.

We respect the privacy of your personal health information and we are committed to maintaining our patients' confidentiality. This notice applies to all information and records related to your medical treatment and care that we receive or create.

It extends to information received or created by our employees, staff, volunteers, and physicians. This notice informs you about the possible uses and disclosures of your personal health information.

We are required by law to:

make sure that health information that identifies you is kept private;

give you this Notice of our legal duties and privacy practices with respect to your personal health information; and

abide by the terms of the Notice that is currently in effect.

**B. OUR PLEDGE REGARDING HEALTH INFORMATION.**

We understand that health information about you and your health is personal, and we are committed to protecting it. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by us, whether made by our personnel or other health care providers involved in your care. Other health care providers treating or caring for you may have different policies or notices regarding their uses and disclosures of the health information created or maintained by them.

**C. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed, but the ways we are permitted to use and disclose information without your authorization will fall within one of the following categories.

**1. For Treatment.** We may use health information about you to provide you with medical treatment, care, or services. We may disclose health information about you to doctors, nurses, certified nurse aides, certified medical aides, technicians, students, or other healthcare personnel who are involved in taking care of you. For example, if we are treating you for high blood pressure, it may be necessary for your doctor to know if you also have some other condition because that other condition may have an impact on the way he or she decides to treat your high blood pressure. Our various departments also may share health information about you in order to coordinate the different things you need, such as prescriptions, therapy, lab work, x-rays, etc. We also may disclose health information about you to people outside of our facilities who may be involved in your medical care, such as other physicians and health care providers, pharmacies, laboratories, hospitals, family members, home health care companies, or others we use to provide services that are part of your care.

**2. For Payment.** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, a government payer, or a third party. For example, we may need to give your health plan or Medicare information about services you received at our facilities so that Medicare or the health plan will pay us for the

services. We may also tell Medicaid, Medicare or your health plan about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment. We may also provide information about you to other health care providers or health plans so they can obtain or arrange for payment for treatment and service they provided to you.

**3. For Health Care Operations.** We may use and disclose health information about you for our health care operations. These uses and disclosures are necessary to run our facilities and make sure that our patients receive quality care. For example, we may use health information to review our care and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new services are warranted. We may also disclose information to doctors, nurses, technicians, certified nurse or medical aides, students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. However, we may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without knowing the identity of specific patients.

**4. Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for medical care or services. If you do not want us to leave appointment reminders as voice mail messages or messages on your telephone answering machine, please let us know. We will not disclose health information about you to any person who answers the telephone other than you, unless you direct us otherwise.

**5. Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**6. Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**7. Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your care. We may also give health information to someone who helps pay for your care. We may also tell your family or friends your condition.

**8. Research.** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help

them look for patients with specific medical needs, so long as the health information they review does not leave our facilities. We will almost always ask for your prior permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our facilities.

**9. As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

**10. To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public at large. Any such disclosure, will only be to a person or agency able to prevent the threat.

**11. Surveys.** We may use and disclose health information to conduct surveys to assess patient satisfaction with the services we provide.

**12. Business Associates.** In the event we arrange for our business associates to provide some of the services we perform, such as having a printing company photocopy your medical record, we may be required to disclose your health information to enable the associates to provide the services. Our associates are also required to protect your health information.

**D. SPECIAL SITUATIONS.**

**1. Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations involved in organ procurement or transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**2. Military and Veterans.** If you are a member of the U.S. or foreign armed forces, we may release health information about you as required by the appropriate military authorities.

**3. Employers.** If you are employed and we provide health care services to you at the request of your employer to provide an evaluation of your ability to do a job or in connection with a work-related illness or injury, we may disclose health information to your employer. If so, we will inform you in writing. No health information will be given to your employer for any other purpose unless you authorize us to do so.

**4. Workers' Compensation.** We may release health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**5. Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:

to prevent or control disease, injury or disability;

to report births and deaths;

to report reactions to medications or problems with products;

to notify people of recalls of products they may be using;

to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

to notify the appropriate government authority if we believe a patient or a child has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when otherwise required or authorized by law.

**6. Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, such things as audits, investigations, surveys, and licensing processes. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**7. Lawsuits and Disputes.** If you are involved in a lawsuit or a legal dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process initiated by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**8. Law Enforcement.** We may release health information if asked to do so by a law enforcement official under these circumstances:

In response to a court order, subpoena, warrant, summons or similar process;

To identify or locate a suspect, fugitive, material witness, or missing person;

About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

About a death we believe may be the result of criminal conduct;

About possible criminal conduct at the Community; and

In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**9. Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about our patients to funeral directors so that they may carry out their duties.

**10. National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**11. Inmates or Other Persons in Custody.** If you are a prison or jail inmate or otherwise in the custody of a law enforcement official, we may release health information about you to the prison or jail or to the law enforcement official as necessary for the prison or jail to provide you with health care, to protect your health and safety or that of others, and for the safety and security of the prison or jail.

#### **E. OTHER USES OF HEALTH INFORMATION.**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

#### **F. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.**

You have the following rights regarding health information we maintain about you:

**1. Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. This includes medical and billing records, but does not include any psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to our **Privacy Officer**. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with any portion of your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to inspect and/or copy your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The reviewer will not be the person who denied your request. We will comply with the outcome of the review.

#### **Rights Regarding Electronic Health Information Technology.**

Cardiovascular Consultants of KS, PA participates in electronic health information technology or HIT. This technology allows a provider or health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you chose this option you do not have to do

anything further. Second, you may restrict access to **all** of your information through an HIO (except as required by law). If you wish to restrict access you must submit the required information either online at [www.KanHIT.org](http://www.KanHIT.org) or by completing and mailing a form. This form is available at [www.KanHIT.org](http://www.KanHIT.org). You cannot restrict access to certain information only; your choice is to permit to restrict or restrict access to all of your information. If you have questions regarding HIT or HIOs, please visit [www.KanHIT.org](http://www.KanHIT.org) for additional information.

If you receive health care services in a state other than Kansas different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

**2. Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to our **Privacy Officer**. In addition, you must provide the reasons you are requesting the amendment. We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

Is not part of the health information kept by or for us;

Is not part of the information that you would otherwise be permitted to inspect and copy; or

Is accurate and complete.

You will be informed of the reason for any denial. You may submit a written statement disagreeing with the decision and the statement will be made a part of your health records.

**3. Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" we have made of health information about you, with certain exceptions. To request an accounting of the disclosures, you must submit your request in writing to our **Privacy Officer**, who has forms for the request. Your request must state the time period for which you want an accounting, however, the period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting you request within any 12 month period will be free. For additional accountings, we may charge you for the costs of providing them. We will notify you of the costs in advance and you may choose to withdraw or modify your request at that time before any costs are incurred.

**4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for care, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or a friend. For example, you might

ask that we not use or disclose information about a procedure you had to your friends. ***We are not required to agree to your request***, but if we do, we will comply with your request, unless the information is needed to provide emergency treatment to you. To request restrictions, you must make your request in writing to our **Privacy Officer**. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, (for example, no disclosures to your spouse).

**5. Right to Request Confidential Communications.** You have the right to request that we communicate with you about health related matters in a certain way or at a certain location. For example, you can ask that we contact you only at some address other than your home address or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. You must specify how or where you wish to be contacted.

**6. Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice at any time upon request. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

7. To obtain a paper copy of this Notice, contact our Privacy Officer.

#### **G. CHANGES TO THIS NOTICE.**

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information at any time about you that we already have, as well as any we receive in the future. We will post a copy of the current Notice in our facilities. The Notice will show the effective date on the first page, in the top right-hand corner of the first page. In addition, the first time you come to our facilities for treatment after our Notice has been modified, we will offer you a copy of the modified Notice.

#### **H. COMPLAINTS.**

If you believe that your rights as described in this Notice have been violated by us, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at (316)265-1308. All complaints must be in writing. You will not be penalized in any way for filing a complaint.

#### **I. ACKNOWLEDGMENT**

You will be asked to provide a written acknowledgment that you received your own copy of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice and obtain an acknowledgment of receipt from you. However, your care and treatment by us is not conditioned upon you providing the written acknowledgment.