

# Notice of Privacy Practices

Effective Date: September 23, 2013

**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.**

As doctors, we work together with other health care providers to deliver a broad range of health care services, we are committed to protecting your medical information. This Notice describes your rights and our legal duties regarding your protected health information. We create and maintain, on a variety of media, including paper, computers and films, a record of the care and services you receive. This information is available to all our employees, and physicians, who need this information to provide treatment to you, obtain payment for services rendered to you or to support health care operations necessary for the operational aspects of your care. We are required by law to:

- Have proper safeguards in place to discourage improper use or access.
- Protect your privacy and confidentiality of your personal and protected health information and records.
- Describe your rights and our legal duties regarding your protected health information.

**Definitions:** you, at times, may see or hear new terms in relation to this notice. Some of the terms you may hear and their definitions are:

**Protected Health Information** or PHI is your personal and Protected Health Information that we use to render care to you and bill for services provided.

**Privacy Officer** is the individual within our organization who has responsibility for developing and implementing all policies and procedures concerning your Protected Health Information and receiving and investigating any complaints you may have about the use and disclosure of your Protected Health Information.

**Business Associate** is an individual or business outside of Lowe and Freyaldenhoven, M.D.s that works with us to provide services for our office.

**Authorization** we will obtain an authorization from you giving us permission to use or disclose your Protected Health Information for purposes other than for your medical treatment, to obtain payment of your medical bills and for health care operations of Lowe and Freyaldenhoven, M.D.s.

The following categories describe how we may use and disclose your protected health information. Not every use or disclosure in a category will be listed. To assure compliance with state law, we will obtain your consent for the use and disclosure of your protected health information. We will never sell your Protected Health Information.

Information used and disclosed may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis A, syphilis, gonorrhea, and the human immuno-deficiency virus also known as acquired immune deficiency syndrome (AIDS). If you do not consent, we cannot provide you treatment except in emergency situations or when we cannot communicate with you for some other reason.

**Treatment.** The doctors, nurses, technicians, students or other office personnel in Lowe and Freyaldenhoven, M.D.s may use your Protected Health Information to provide you with medical treatment or services. Example: a doctor treating you for high blood pressure may ask a nurse to take your blood pressure and report this to the doctor. We also may disclose your Protected Health Information to other medical personnel outside Lowe and Freyaldenhoven, M.D.s that will provide medical treatment or services.

Example: the treating doctor may send a sample of your blood to be tested at a lab and inform the lab of your condition and a brief medical history so the lab will know what tests to complete.

**Payment.** We may use and disclose your Protected Health Information so that the treatment and services you receive at Lowe and Freyaldenhoven, M.D.s may be billed and payment may be collected from you, an insurance company or a third party.

Example: we may need to give your health insurance plan copies of your physician's chart notes about the treatment you received at Lowe and Freyaldenhoven, M.D.s for high blood pressure so your health insurance plan will pay us or reimburse you for the treatment. We may also inform your health insurance plan about a blood pressure treatment you are going to receive so that we may obtain prior approval or to determine whether or not your health insurance plan will cover the treatment.

**Health Care Operations.** We may use and disclose your Protected Health Information for Lowe and Freyaldenhoven, M.D.s operations. These uses and disclosures are necessary to operate Lowe and Freyaldenhoven, M.D.s and make sure that all of our patients receive quality care. Example: we may use your Protected Health Information high blood pressure to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine Protected Health Information from many Lowe and Freyaldenhoven, M.D.s patients to decide what additional services Lowe and Freyaldenhoven, M.D.s should offer, what services are not needed, and whether certain new treatments are effective. We may also combine Protected Health Information we have with Protected Health Information from other Lowe and Freyaldenhoven, M.D.s offices to compare how we are doing and see where we can make improvements in the care and services we offer.

**Business Associates.** We may disclose your Protected Health Information to Business Associates outside Lowe and Freyaldenhoven, M.D.s with whom we contract to provide services on our behalf. However, we will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your Protected Health Information. Example: we may contract with a company outside of Lowe and Freyaldenhoven, M.D.s to provide medical transcription services for Lowe and Freyaldenhoven, M.D.s

**Appointment Reminders.** We may use and disclose your Protected Health Information to contact you as a reminder that you have an appointment for treatment or medical care at Lowe and Freyaldenhoven, M.D.s

**Health Related Benefits and Services.** We may use and disclose your Protected Health Information to tell you about health related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.

**Marketing.** We may disclose certain Protected Health Information to a third party to provide marketing materials and information to you.

**Office Directory.** We may use or disclose your name and general condition (Good, Fair, Serious, Critical, Expired) to family or friends who ask for you by name so they can know generally how you are doing.

**Individuals Involved in Your Care or Payment for Your Care.** We may use or disclose your Protected Health Information to a friend or family member, as specified by you, who is involved in your medical care. We may also give your Protected Health Information to someone who helps pay for your care. We may also disclose your Protected Health Information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**As Required by Law.** We will disclose your Protected Health Information when required to do so by law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your Protected Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donations.** If you are an organ, tissue or eye donor, we may use or disclose your Protected Health Information as needed by organizations that handle organ donations and transplantations.

**Military.** If you are a member of the armed forces, we may use or disclose your Protected Health Information as required by military command authorities. We may also use or disclose Protected Health Information about foreign military personnel to the appropriate foreign military authority.

**Workers Compensation.** We may use or disclose your Protected Health Information for workers' compensation or similar programs in accordance with state law. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your Protected Health Information for public health activities, to, Examples:

- Prevention or control of disease, injury or disability;
- Reporting of cancer diagnoses and tumors;
- Reporting of reactions to medication or problems with products;
- Notification of people using products that are recalled;
- Notification of the State Department of Health about people who may have been exposed to a disease or at risk for contracting or spreading a disease or condition such as HIV, syphilis or other sexually transmitted diseases;
- Reporting of abuse, neglect or violence as required by law, including children who are born with alcohol or other substances in their body;
- Reporting of births and deaths

**Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.

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

**Law Enforcement.** We may use or disclose Protected Health Information if asked to do so by a law enforcement official:

- 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 criminal conduct at the office; 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.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your Protected Health Information to a coroner or medical examiner. This may be necessary, Example: to identify a deceased person or determine the cause of death. We may also disclose Protected Health Information about patients of Lowe and Freyaldenhoven, M.D.s to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may disclose your Protected Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose your Protected Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your Protected Health Information to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the correctional 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 and security of the correctional institution.

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

You have the following rights regarding your Protected Health Information that we maintain about you. You are required to submit a written request to the appropriate facility in Lowe and Freyaldenhoven, M.D.s to exercise any of these rights for records that the facility creates and maintains:

**Right to Inspect and Copy.** You have the right to inspect and request a copy of your original Protected Health Information, except as prohibited by law. The original medical record will be maintained at Lowe and Freyaldenhoven, M.D.s. If you request a copy of the information, you may be charged a fee for copies in accordance with state law. We may deny your request to inspect and copy in certain circumstances, such as a request for mental health records. If you are denied access to Protected Health Information, you may request that the denial be reviewed. Another licensed health care professional chosen by the office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that Protected Health Information created by us is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for LOWE AND FREYALDENHOVEN, M.D.S. To request an amendment, the request for amendment must state the reason for the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may 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 Protected Health Information kept by or for LOWE AND FREYALDENHOVEN, M.D.S.;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request one free accounting every 12 months of the disclosures we made of your Protected Health Information. This accounting does not include disclosures made for treatment, payment or healthcare operations. Your request

must state a time period which 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, electronically). For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or the use or disclosure is required by law. 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.

**Right to Restrict disclosures to a health plan.** You have the right to request that we not disclose your Protected Health Information to your health plan. This can be done if the fees are completely paid in full prior to any visits or procedures and a self-pay discount will not apply.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. You may request communication from LOWE AND FREYALDENHOVEN, M.D.S through e-mail should your provider participate in such a communication method. Any communication via e-mail is not encrypted and is not secure.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Officer.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Protected Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the LOWE AND FREYALDENHOVEN, M.D.S offices. The notice will contain on the first page, near the top, the effective date. In addition, each time you register at LOWE AND FREYALDENHOVEN, M.D.S for treatment or health care services we will make available to you, if you request, a copy of the current notice in effect.

#### **AUTHORIZATION FOR OTHER USES OF PROTECTED HEALTH INFORMATION.**

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us

authorization to use or disclose your Protected Health Information you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your Protected Health Information 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 authorization, and that we are required to retain our records of the care that we provided to you.

Should we discover a breach of privacy with your Protected Health Information, you will be notified in writing as soon as that breach is discovered.

**FOR QUESTIONS OR TO REPORT A PROBLEM**

If you believe your privacy rights have been violated, you may file a written complaint with us or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint with us, contact our Privacy Officer:

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