**Effective November 1, 2023**

**NOTICE OF PRIVACY PRACTICES PRACTICES**

**Your Information. Your Rights. Our Responsibilities.**

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.**

**YOUR RIGHTS**

# When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**View or obtain a copy of your medical records.** You can view or obtain a copy of the health information maintained by *Hunter Health Clinic*. If you request copies, we will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. We may deny you access in certain limited circumstances, although you may request review of that decision.

**Ask us to correct your medical record.** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request. Except for certain exceptions, we will amend your file upon receiving a correct amendment request. We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

**Get a list of those with whom we’ve shared information.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. 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 provided that the information pertains solely to a health care item or service that has been paid to us in full. To request restrictions, you must complete a specific written form providing information we need to process your request.

**Request confidential communications.** You have the right to request that we communicate with you in a certain way or at a certain location. Forms are available to process that request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

**Rights Relating to Electronic Health Information Exchange.** *Hunter Health Clinic* participates in electronic health information technology or HIT. This technology allows a provider or a 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 choose this option, you do not have to do anything.

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 http://www.KanHIT.org or by completing and mailing a form. This form is available at http://www.KanHIT.org. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIT or HIOs, please visit 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.

**Get a copy of this notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

# To File a Complaint. If you feel your Privacy Rights have been violated, please contact Hunter Health’s Patient Advocate at (316) 262-2415 to file a complaint. Our Privacy Officer will then review the details of your complaint and promptly notify you of the actions our office will take. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html. We will not retaliate against you for filing a complaint.

**YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

# In these cases, you have both the right and choice to tell us to:

* Share information with your family, close friends, or others involved in your care.
* Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

# In these cases, we never share your information unless you give us written permission:

* Most marketing purposes
* Sale of your information
* Most sharing of your psychotherapy notes
* Substance abuse treatment records

You may revoke the sharing of the forgoing information at any time, provided that the revocation is in writing.

# In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

**OUR USES AND DISCLOSURES**

We typically use or share your health information in the following ways:

**To treat you.** We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**To run our organization.**We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

**To bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Help with public health and safety issues** We can share health information about you for certain situations such as:

• Preventing disease

• Helping with product recalls

• Reporting adverse reactions to medications

• Reporting suspected abuse, neglect, or domestic violence

• Preventing or reducing a serious threat to anyone’s health or safety

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

**Comply with the law** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to organ and tissue donation requests** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests** We can use or share health information about you:

• For workers’ compensation claims

• For law enforcement purposes or with a law enforcement official

• With health oversight agencies for activities authorized by law

• For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

# OUR RESPONSIBILITIES

• We are required by law to maintain the privacy and security of your protected health information.

• We are required by law to inform you if a breach occurs that may have compromised the privacy or security of your unsecured protected health information.

• We must follow the duties and privacy practices described in this notice and give you a copy of it.

• We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.](file:///C:\Users\dan.clifford\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\U117VGUF\www.hhs.gov\ocr\privacy\hipaa\understanding\consumers\noticepp.html)

# CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

# PRIVACY OFFICER CONTACT INFORMATION

Phone: 316-425-2415

E-mail: [privacy@hunterhealth.org](mailto:privacy@hunterhealth.org)

**Central Clinic** 527 N. Grove | **Brookside Clinic** 2750 S. Roosevelt | **HumanKind Ministries Clinic** 935 N. Market

**P** 316.262.2415 | **hunterhealth.org**