



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 a review of that decision.

Ask us to correct your medical records. If you believe your records contain inaccurate or incomplete information, you may ask us to make an amendment. 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 will tell you why in writing, usually within 60 days.

Get a list of those with whom we have shared information. You can ask for a list (accounting) of the times we have 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, disclosures you requested, and certain other disclosures permitted by law. We will 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 communication. You have the right to request that we communicate with you in a certain way or at a certain location. An example would be asking that you only be contacted by us at work or only by mail, or you may prefer that we communicate with you via unencrypted email or text messaging. There are risks associated with communications via unencrypted email or text messaging, for example, a third party could intercept the email or text message in transmission. 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 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 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, you may file a complaint with us using the information on page 4. 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 cannot 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

You may revoke the sharing of the foregoing 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 may use and disclose your health information for these purposes without your written authorization, as permitted by law:

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.*

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 your health information to manage your treatment and services.*

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 your health insurance plan information 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 must 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

Contact Information. We may use and disclose your contact information (landline or cellular phone numbers, email

address). Some examples of how we may use your contact information include appointment reminders and to provide you with notification of other health-related benefits and services, all of which are discussed in more detail below. By providing us with your contact information, you give your consent that we may use it. We may contact you by the following means (even if we initiate contact using an automated telephone dialing system (ATDS) and/or an artificial or prerecorded voice): (1) paging system; (2) cellular telephone service; (3) landline; (4) text message; (5) email message; or (6) facsimile. For your convenience, email and text messages may be sent unencrypted. Before using or agreeing to use of any unsecure electronic communication to communicate with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured portable electronic devices. If you want to limit these communications to a specific telephone number or numbers, you need to request that only a designated number or numbers be used for these purposes. If you inform us that you do not want to receive such communications, we will stop sending these communications to you.

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 are 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, subject to additional federal and state privacy protections that may limit or prohibit disclosure of certain records, including federally protected substance use disorder records.

Some health information is subject to stricter federal or state privacy laws. This may include information related to alcohol and substance use, genetics, mental health, HIV/AIDS, or minors' information. When those laws apply, we follow the more restrictive requirements.

Special Protections for Substance Use Disorder Records:

Certain records related to substance use disorder (SUD) services are protected by federal law (42 CFR Part 2). Although we are not a SUD program, we may receive information from a SUD program regarding your treatment. These records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

When permitted by federal law, these records may be redisclosed for treatment, payment, or health care operations in accordance with applicable privacy requirements.

Substance use disorder counseling notes have enhanced confidentiality protections like psychotherapy notes under HIPAA and require specific patient written authorization for disclosure unless the law permits otherwise. In all other situations, we will follow our privacy practices regarding the disclosure of substance use disorder information as stated in this Notice.

In addition, if we use this information to raise funds for our benefit, we must first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communication.

Disclosures We Are Prohibited from Making

Federal law prohibits certain disclosures of health information. For example, federally protected substance use disorder records may not be disclosed for employment decisions or legal proceedings without proper authorization or a qualifying court order.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information. Once we disclose your health information based on your authorization or as legally permitted under state and federal law as described in this Notice, the disclosed health information may no longer be protected and may be re-disclosed by the recipient without your knowledge or authorization.
- 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.

These protections apply to health information we create and receive from other providers. For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Breach Notification

A breach occurs when your protected health information is acquired, accessed, used, or disclosed in a manner not permitted by HIPAA which compromises the privacy or security of your information. Not all types of breaches require notice, but if notice is required, we will provide such notification without unreasonable delay, but in no case, later than 60 days after we discover the breach.

CHANGES TO THE TERMS OF THIS NOTICE

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

PRIVACY OFFICER CONTACT INFORMATION

Phone: 316-262-2415

E-mail: privacy@hunterhealth.org

DISCRIMINATION IS AGAINST THE LAW:

Hunter Health Clinic complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hunter Health Clinic:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Compliance Officer. If you believe that Hunter Health Clinic has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer
Hunter Health Clinic
527 N. Grove
Wichita, KS 67214
316-262-2415
Fax: 316-264-4734

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Privacy Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

NOTICE OF NONDISCRIMINATION TAGLINES

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-316-262-2415.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-316-262-2415.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-316-262-2415。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-316-262-2415.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-316-262-2415. 번으로 전화해 주십시오.

ໂປດຊາວປາ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-316-262-2415..

ملحوظة: 1-316-262-2415 إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم -

(رقم هاتف الصم والبكم: 1-316-262-2415)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-316-262-2415.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-316-262-2415。まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-316-262-2415.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (1-316-262-2415 تماس بگیرید.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-316-262-2415.

သတိပြုရန် - အကယုၣ် သဠုၣ် ဂျမ္ဗူစကား ကို ဝေဠုပါက၊ ဘာသာစကား အကူအညီ အခမဲ့၊ သင့်အကြံကို စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ဖုန်းနံပါတ် 1-316-262-2415. သို့မဟုတ် ဝေဒုဆီပါ။

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-316-262-2415.

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-316-262-2415.