

*This notice describes how medical information about you may be used and disclosed and how you can obtain access to your medical information. Please review it carefully.*

You have the right to a paper copy of this notice; you may request a copy at any time. Atchison Community Health Clinic (ACHC) is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

These entities, sites, and locations follow the terms of this notice, and in addition, may share medical information with each other for treatment, payment or ACHC operation purposes described in this notice. These sites and locations include the Atchison Community Health Clinic and Atchison Hospital.

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***How ACHC may use and disclose health information about you***

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*ACHC may use and disclose your health information for the following purposes without your express consent or authorization.*

***Treatment:*** We may use your health information to provide you with medical/dental treatment. We may disclose information to doctors, dentists, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to other persons or organizations involved in your treatment, such as other health care providers, family members, and friends. We may use and disclose health information to discuss with you treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying ACHC and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.

***Payment:*** We may use and disclose your health information as necessary to collect payment for services we provide to you. We may provide information to other health care providers to assist them in obtaining payment for services they provide to you.

***Health Care Operations:*** We may use and disclose health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

***Business Associates:*** ACHC provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

***Creation of De-Identified Health Information:*** We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

***Uses and Disclosures Required by Law:*** We will use and/or disclose your information when required by law to do so.

***Disclosure for Public Health Activities:*** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

***Disclosures about Victims of Abuse, Neglect, or Domestic Violence:*** We may disclose your health information to a government authority if we believe you are a victim of abuse, neglect, or domestic violence.

***Disclosures for Judicial and Administrative Proceedings:*** We may disclose your health information in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

***Disclosures for Law Enforcement Purposes:*** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or administrative request related to legitimate law enforcement inquiry.

***Disclosures regarding Victims of a Crime:*** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

***Disclosures to Avert a Serious Threat to Health or Safety:*** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

***Disclosures for Specialized Government Functions:*** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

***Disclosures for Fundraising:*** We may disclose demographic information and date of service to affiliated foundations or a business associate that may contact you to raise funds for ACHC. You have a right to opt out of receiving such fundraising communications.

***Other Uses and Disclosures:*** We will obtain your written authorization before using or disclosing your information for any other purpose not described in this notice. For example, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent ACHC has not relied on it.

### ***Your rights regarding your Health Information***

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***Right to Inspect and Copy:*** You have the right to inspect and copy health information maintained by ACHC. To do so, you must complete a specific form providing information needed to process your request. If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.

***Right to request Amendment:*** 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.

***Right to an Accounting of Disclosures and Access Report:*** You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request an accounting or an access report, you must complete a specific written form providing information we need to process your request.

***Right to Request Restrictions:*** You have the right to request a restriction on our uses and disclosures of health information for treatment, payment, or health care operations. You must complete a specific written form providing information we need to process your request. ACHC's privacy officer is the only person who has the authority to approve such a request. ACHC is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law,

and (b) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid ACHC in full.

***Right to request Alternative Methods of Communication:*** You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. ACHC's Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

***Your Rights regarding Electronic Health Information Technology:*** The Atchison Community 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 chose 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.

### ***Complaints***

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If you believe your rights with respect to health information have been violated, you may file a complaint with ACHC or with the Secretary of the Department of Health and Human Services. To file a complaint with ACHC, please contact Privacy Officer, 1412 North 2<sup>nd</sup>, P.O. Box 27, Atchison, Kansas 66002. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.* ACHC reserves the right to change the terms of this notice and to make the revised notice effective with respect to all protected health information regardless of when the information was created.

### ***Acknowledgement of Receipt of Revised Notice of Privacy Practices***

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I acknowledge that I have received a copy of the Atchison Community Health Clinic's Notice of Privacy Practices.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Relationship to patient:** \_\_\_\_\_

**Signature of Employee Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Documentation of Good Faith Efforts***

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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

The patient presented to the facility on this date and was provided with a copy of the Atchison Community Health Clinic's Notice of Privacy Practices. A good faith effort was made to obtain from the patient (or the patient's representative) a written acknowledgement of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

- Patient/Patient Representative refused to sign.
- Patient/Patient Representative was unable to sign because: \_\_\_\_\_
- Patient had a medical emergency, and an attempt to obtain the acknowledgement will be made at the next available opportunity.
- Other reason:  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_