

HUTCHINSON CLINIC, P.A.
HUTCHINSON AMBULATORY SURGERY CENTER, LLC
NOTICE OF PRIVACY PRACTICES

As required by the Privacy Rule created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Effective Date: February 2010

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Hutchinson Clinic, P.A. and Hutchinson Ambulatory Surgery Center, LLC are dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Our privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI.

Each time you visit us, we make a record of your visit. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. We have an ethical and legal obligation to protect the privacy of your health information, and we will only use or disclose this information in limited circumstances. In general we may use and disclose your health information to:

- plan your care and treatment;
- provide treatment by us or others;
- communicate with other providers such as referring physicians;
- receive payment from you, your health plan, or your health insurer;
- make quality assessments and work to improve the care we render and the outcomes we achieve, known as health care operations;
- make you aware of services and treatments that may be of interest to you; and
- comply with state and federal laws that require us to disclose your health information.

We may also use or disclose your health information where you have authorized us to do so.

You have certain rights to your health information. You have the right to:

- ensure the accuracy of your health record;
- request confidential communications between you and your physician and request limits on the use and disclosure of your health information; and
- request and accounting of certain uses and disclosures of health information we have made about you.

We are required to:

- maintain the privacy of your health information;
- provide you with notice, such as this *Notice of Privacy Practices*, as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of our most current *Notice of Privacy Practices*;
- notify you if we are unable to agree to a requested restriction; and
- accommodate reasonable requests you may have to communication health information by alternative means or at alternative locations.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. A copy of our current Notice will be posted in our offices in a visible location at all times, will be available on the Clinic's website (www.hutchclinic.com), or you may request a copy of our most current Notice at any time.

B. QUESTIONS AND COMPLAINTS:

For additional information or if you have any questions regarding our privacy policy, please write us at Hutchinson Clinic, P.A., Attention: HIPAA Privacy Officer, 2101 N. Waldron, Hutchinson, Kansas, 67502-1197 or call us at (620) 669-2500 or toll-free at (800) 779-6979.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. To file a complaint with us, contact our privacy officer at the address listed above. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred. See the Office for Civil Rights website, www.hhs.gov/ocr/hipaa/ for more information. You will not be penalized for filing a complaint.

C. WE MAY USE AND/OR DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI.

1. Treatment. Our practice may use and disclose your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. We may also disclose

your PHI to other health care providers for purposes related to your treatment. Should you ever be hospitalized, we may provide the hospital or its staff with the health information it requires to provide you with effective treatment.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may use or disclose your information so that a bill may be sent to you, your health insurer, or a family member. The information on or accompanying the bill may include information that identifies you and your diagnosis, as well as services, rendered, any procedures performed, and supplies used. We may also disclose your PHI to other health care providers, health plans, and health care clearinghouses to assist them in their billing and collection efforts.

3. Medical Residents and Medical Students. Medical residents or medical students may observe or participate in your treatment or use your health information to assist in their training. You have the right to refuse to be examined, observed, or treated by medical residents or medical students.

4. Business Associates. Our practice sometimes contracts with third-party business associates for services. Examples include answering services, transcriptionists, billing services, consultants, and legal counsel. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

5. Health Care Operations. Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may also use and disclose your health information to conduct cost-management and business planning activities for our practice. We may also disclose your PHI to other health care providers, health plans, and health care clearinghouses with which you have had a relationship to assist in their health care operations. For example, we may provide information to your health insurer for its quality review purposes.

6. Appointment Reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment, including leaving messages on your answering machine and/or sending you letters. However, you may request that we provide such reminders only in a certain way or only at a certain place. We will endeavor to accommodate all reasonable requests.

7. Treatment Options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

8. Health-Related Benefits and Services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you. In face-to-face communications, such as appointments with your physician, we may tell you about other products and services that may be of interest to you.

9. Release of Information to Family/Friends. Our health professionals, using their professional judgment, may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

10. Newsletters and Other Communications. We may use your personal information in order to communicate to you via newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.

11. Disaster Relief. We may use or disclose your PHI in disaster relief situations where disaster relief organizations seek your health information to coordinate your case, or notify family and friends of your location and condition. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

12. Marketing. In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with promotional gifts of nominal value. Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.

13. Fundraising. We may contact you as part of a fundraising effort relating to the practice.

14. Food and Drug Administration (FDA). We may disclose to the FDA and other regulatory agencies of the federal and state government health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing monitoring information to enable product recalls, repairs, or replacement.

15. Psychotherapy Notes. Under most circumstances, without your written authorization we may not disclose the notes a mental health professional took during a counseling session. However, we may disclose such notes for treatment and payment purposes, for state and federal oversight of the mental health professional, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.

16. De-identified Information. We may use your health information to create "de-identified" information or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. When we "de-identify" health information, we remove information that identifies you as the source of the information. Health information is considered "de-identified" only if there is no reasonable basis to believe that the health information could be used to identify you.

17. Personal Representative. If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information. If you become deceased, we may disclose health information to an executor or administrator of your estate to the extent that person is acting as your personal representative.

18. HLTV-III Test. If we perform the HLTV-III test on you (to determine if you have been exposed to HIV), we will not disclose the results of the test to anyone but you without your

written consent unless otherwise required by law. We also will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

19. Limited Data Set. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.

20. Public Health Activities. Our practice may disclose your PHI for public health activities. These activities generally include the following:

- licensing and certification carried out by public health authorities;
- maintaining vital records, such as births and deaths;
- reporting child abuse or neglect;
- preventing or controlling disease, injury or disability;
- notifying a person who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition; and/or
- notifications to appropriate government agency(ies) and authority(ies) if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure when required by law, or if you agree to the disclosure, or when authorized by law and in our professional judgment disclosure if required to prevent serious harm.

21. Law Enforcement. We may release your PHI:

- regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- concerning a death we believe has resulted from criminal conduct;
- regarding criminal conduct at our offices;
- in response to a warrant, summons, court order, subpoena or similar legal process if authorized under state or federal law;
- to identify or locate a suspect, material witness, fugitive or similar person;
- to coroners or medical examiners;
- in emergency circumstances to report a crime, the location of the crime or victim(s), or the identity, description, or location of the person who committed the crime;
- to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law; and/or
- to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

22. Disclosures Required by Law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

23. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for that agency to carry out activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the

government to monitor government programs involving health care, compliance with certain civil rights laws and the health care system in general.

24. Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if efforts have been made to inform you of the request or to obtain an order protecting the information the party has requested.

25. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for the funeral directors to perform their jobs (i.e. death certificate).

26. Organ and Tissue Donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

27. Research. Our practice may use and disclose your PHI to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your PHI.

28. Serious Threats to Health or Safety. Our practice may use and disclose your PHI when we reasonably believe it is necessary to reduce or prevent or lessen a serious and imminent threat to your health and safety or the health and safety of another individual or to the public. Under these circumstances, we will only make disclosures to a person or organization reasonably able to help prevent or lessen the threat.

29. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

30. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

31. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official and such information is necessary for them to carry out certain functions, such as providing health care services to you, providing for the safety and security of the institution, and protecting the health and safety of you and other individuals.

32. Workers' Compensation. Our practice may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

D. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a

paper copy of this notice, contact us at the address or phone number set forth in Section B of this notice. A copy of this document is on our website at www.hutchclinic.com.

2. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that is maintained in a designated record set, with a few exceptions. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information, you must submit a written request to the address set forth in Section B of this notice. We will supply you with a form for such a request. If you request a copy of your medical information, we may charge a reasonable fee and ask for payment in advance for the costs of labor, mailing postage, and supplies associated with your request. We may not charge you a fee if you require your medical information for a claim for benefits under the Social Security Act (such as claims for Social Security, Supplemental Security Income, and MassHealth benefits) or any other state or federal needs-based benefit program.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed healthcare professional who was not directly involved in the denial of your request will conduct the review. We will comply with the outcome of the review.

If your medical information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost based fee limited to the labor costs associated with transmitting the electronic health record.

3. Right to Amend. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing on the practice's form and submitted to the address set forth in Section B of this notice. You must provide us with a reason that supports your request for amendment. We may deny your request for amendment if it is not in writing or does not include a reason to suppose 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 medical information kept by or for our practice;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If your request is denied, you may submit a statement of disagreement. We may reasonably limit the length of this statement. Your letter of disagreement will be included in your medical record, but we may also include a rebuttal statement.

4. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of the disclosures we made of PHI, with certain exceptions specifically defined by law. In your accounting, we are not required to list certain disclosures, including:

- disclosures made for treatment, payment, and health care operations purposes or disclosures made incidental to treatment, payment, and health care operations, however,

if the disclosures were made through an electronic health record, you have the right to request an accounting for such disclosures that were made during the previous 3 years;

- disclosures made pursuant to your authorization;
- disclosures made to create a limited data set; and/or
- disclosures made directly to you.

In order to obtain an accounting of disclosures, you must make a written request on the practice's form and submit it to the address set forth in Section B of this notice. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. Your request should indicate in what form you would like the accounting of disclosures (for example, on paper or electronically by e-mail). The first accounting of disclosures you request within any 12-month period is free of charge. For additional requests within the same period, we may charge you for the reasonable costs involved and you may choose to withdraw or modify your request at that time, before you incur any costs. Under limited circumstances mandated by federal and state law, we may temporarily deny your request for an accounting of disclosures.

5. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential information, you must make a written request on the practice's form and submit it to the address set forth in Section B of this notice. Our practice will accommodate requests that we deem reasonable. Your request must specify how or where you wish to be contacted.

6. Requesting Restrictions. You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment or health care operations. If you paid out-of pocket for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we are required to honor that request.

Except as noted above, **we are not required to agree to your request.** If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the address set forth in Section B of this notice. In your request, you must tell us:

- what information you want to limit;
- whether you want to limit our use, disclosure, or both; and
- to whom you want the limits to apply.

7. Right to Receive Notice of a Breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the PHI unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

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Hutchinson Clinic, P.A.
Hutchinson Ambulatory Surgery Center, LLC

RECEIPT OF NOTICE OF PRIVACY PRACTICES ACT

Dear Patient:

Attached is our Notice of Privacy Practices. Federal law requires that we give this to any patient at or by the time they are seen on or after April 14, 2003. We have always been careful to protect our patients' health information and don't expect that you will see any significant change from our past practices.

This policy gives you certain rights with regards to your **protected health information (PHI)**, which are summarized below:

- The right to authorize the use and disclosure of PHI for certain purposes other than routine use for treatment, payment, and health care operations.
- The right to receive a copy of the Clinic's Notice of Privacy Practices.
- The right to request restrictions on certain uses and disclosures of PHI by the Clinic.
- The right to request restrictions on how the Clinic communicates PHI to you.
- The right to copy and inspect your PHI.
- The right to request an amendment of your PHI
- The right to an accounting of the disclosures of your PHI made by the Clinic for purposes other than treatment, payment, and health care operations, or that were not made pursuant to a valid authorization.
- The right to complain to the Clinic or to the Department of Health and Human Services if you feel we have violated any of the privacy laws

If you have any questions, simply ask any receptionist to put you in contact with the Clinic's privacy officer or risk management department.

The law requires that we attempt to obtain your signature indicating that you have received our Notice of Privacy Practices. Please sign the statement below and give to the nurse or receptionist.

.....
I have received a copy of the Hutchinson Clinic's Notice of Privacy Practices.

Patient Name (please print)

Address

Signature

Date