



## Notice of Privacy Practices

### PATIENT COPY PLEASE TAKE FOR YOUR RECORDS.

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND SHOW HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW CAREFULLY.

- I. **CONTACT PERSON.** If you have any questions about this Notice of Privacy Practices (Notice), please contact us through one of the methods listed at the end of this Notice.
- II. **OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).** Continuum Health Care recognizes the requirement by law to make reasonable efforts to comply with HIPAA—the Health Insurance Portability and Accountability Act of 1996 – and privacy regulations and State privacy laws and regulations. We take these matters very seriously and have instituted numerous internal and external measures to maximize compliance. This medical information is called protected health information (PHI). PHI includes information that can be used to identify you that we have created or received about your past, present, or future health or medical condition, the provision of health care to you or the payment of this health care. We need access to your medical records to provide you with health care and to comply with certain legal requirements. This notice applies to all of the records of the care and services you receive from us, whether made by our employees or your physician. This Notice will tell you about the ways in which we may use and disclose PHI about you and describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

However, we reserve the right to change the terms of this Notice and our Privacy Policies and Procedures at any time. Any changes will apply to the PHI we already have. When we make a significant change in our privacy practices, we will change this notice and post when applicable or provide you a copy of this Notice from us at any time by contacting us using any of the methods described on the last page of this notice. Protected Health information must be protected at all times. Information relating to a patient's health care history, diagnosis, condition, treatment, or evaluation shall be considered individually identifiable health information. Confidentiality of this health information must be maintained always, and may only be disclosed with the express written consent of the patient. Non-individually identifiable health information, (e.g. health information that cannot be linked to a specific patient) is not included within the definition of protected health information.

- III. **OUR DUTIES.** We are required by law to:
  - Make sure PHI identifying you is kept private
  - Give you this Notice of our privacy practices with respect to your PHI
  - Disclose information on HIV, mental health and/or communicable disease only as permitted and required under federal and state law and follow the terms of this

Notice if it is currently in effect. If we revise this Notice, we will follow the terms of the revised Notice.

- IV. HOW WE MAY USE AND DISCLOSE YOUR PHI.** The following categories (listed in bold-face print) describe different ways that we use and disclose your PHI. Disclosures of PHI may be provided in various media, including electronically. For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information about you will fall within one of the bold-face print categories. Also, not all the categories may apply to the health care service you are seeking. For example, if your employer is paying for a service (pre-employment or biometric screening), then we would not release your information to the insurance carrier for the payment.
- A. For treatment.** We may disclose your PHI to physicians, nurses, case managers and other health care personnel who provide you with health care services or are involved in your care. We may use and disclose your PHI to provide and coordinate the treatment, medications and services you receive including dispensing of prescription medications when applicable. For example, if you're being treated for a knee injury, we may disclose your PHI regarding this injury to a physical therapist or radiologist, or to medical equipment suppliers or case managers.
  - B. To obtain Payment for Treatment.** We may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for health care services we provided to you. We may also provide your PHI to our Business Associates, such as billing companies and others that process our health care claims.
  - C. For Health Care Operations.** We may disclose your PHI to operate our facilities. For example, we may use your PHI to evaluate the quality of health care services that you received, for utilization management activities, or to evaluate the performance of the health care professionals who provided the health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others to make sure we are complying with the laws that affect us.
  - D. To Business Associates for Treatment, Payment, and Health Care Operations.** We may disclose PHI about you to one of our Business Associates to carry out treatment, payment or health care operations. For example, we may disclose PHI about you to a company who bills insurance companies on our behalf so that company can help us obtain payment for the health care services we provide.
  - E. Individuals Involved in Your Care or Payment for Your Care.** We may release PHI about you to a family member, other relative, or close personal friend who is directly involved in your medical care if the PHI released is relevant to such person's involvement with your care. We also may release information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your location and general condition.

We may release health or health-related information about you to your employer if we provide services at their request. If services are provided at your employer's location, please be aware that due to the nature of shared facilities and services, your employer may have access to your records. For example, this may occur with shared staff, storage or technology.

- F. Appointment Reminders.** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or health care.
- G. Treatment Alternatives.** We may use and disclose PHI to give you information about treatment options or alternatives if you have not opted out of such reminders. We may contact you regarding compliance programs such as drug recommendations, drug utilization review, product recalls and therapeutic substitutions.
- H. Health-related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- I. Workers' Compensation.** We may release PHI to tell you about health-related injuries or illness.
- J. Special Situations.**
  - 1. As required by law.** We will disclose PHI about you when required to do so by federal, state, or local law, such as the Occupational Safety and Health Act (OSHA), Federal Drug Administration (FDA) or Department of Transportation (DOT)
  - 2. Public Health Activities.** We may disclose PHI about you for public health activities. Public health activities generally include:
    - a. preventing or controlling disease, injury or disability
    - b. reporting birth and deaths
    - c. reporting child abuse or neglect
    - d. reporting reactions to medications or problems with products
    - e. notifications of recall products
    - f. notifying a person who may have been exposed to a disease or may be at high risk for contracting or spreading disease.
    - g. Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by authorized law.
  - 3. Health Oversight Activities.** We may disclose PHI to a health oversight agency for activated authorized by law such as audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
  - 4. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you under a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else in the dispute
  - 5. Law Enforcement.** We may release PHI if asked to do so by a law enforcement official.
    - a. In response to a court order, subpoena, warrant or similar process;

- b. to identify or locate a suspect, fugitive, material witness, or missing person, but only if limited information (i.e. name and address, date and place of birth, social security number, blood type, RH factor, injury, date and time of treatment and details of death) is disclosed.
- c. About the victim of a crime, if under certain limited circumstance, we are unable to obtain the person's agreement.
- d. about a death, we believe may be the result of a criminal conduct
- e. about criminal conduct we believed occurred at our facility and
- f. 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.

### **Your Health Information Rights**

1. Right to inspect and copy. You have the right to inspect and copy your health information and billing information. To inspect or request copies, you must submit your request in writing to the manager. If you request a copy of the information, we may charge a fee established by us for the costs of copying, mailing or summarizing your health information. We may deny your request to inspect and copy in certain very limited circumstances. If this occurs there is a review process available to you.
2. Right to Amend. If you feel that health information maintained about you is incorrect or incomplete, you may ask to amend the information if we maintain the information. Requests to amend should be submitted in writing to the manager who will forward it to the privacy officer. We will generally respond to approving or denying your request within 60 days of your submission of the written request, but has the right to extend the response period to 90 days.
3. Right to record of disclosures. You have the right to request a list of the disclosures made of your health information for the purposes other than treatment, payment, and health care operations or pursuant to your authorization. For example, we may have released information to state licensing agency for purpose of a survey. To request this list, you must submit your request in writing to the manager. The first list you request within a 12-month period will be free. For additional lists within the 12-months period, you may be charged for the cost 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.
4. Right to request restrictions. You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limitation on the health information we disclose about you to someone who is involved in your care or the payment for your care. 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 emergency treatment. To request restrictions, submit your request in writing.

5. Right to correct and/or update your PHI. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of the existing information or to add the missing information. You must provide the request and your reason for the request in writing. If we approve the request, we will make the change to our PHI, tell you that we have done it and tell others that need to know about the change to your PHI. We may deny your request if the PHI is correct and complete, not created by us, not allowed to be disclosed or not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI.
6. Right to request alternate means or locations of communications. You have the right to request that we communicate with you about your health information in a certain way or at a certain location for example, a legally responsible party could ask that we contact them only at work or by mail. Submit your request in writing to the manager.
7. Right to complain. If you believe your privacy rights have been violated, you may complain to us or the United States Department of Health and Human Services. To complain to us, please contact the manager at 913-954-8500. They will assist you in making a complain. All complaints must be submitted in writing. There will be no retaliation against you for making a complaint.

## **1. BOUNDARIES ON HEALTH INFORMATION USE AND RELEASE.**

An individual's health information can be used for health purposes only.

Protect individually identifiable health information. Continuum Health Care shall not publish or otherwise make generally available any information or data that identifies a patient for purposes other than treatment, payment or other health care operations, without his or her express written consent. This does not restrict the internal use of such information or data that is required in the performance of the scope of work that Continuum Health Care has been engaged to perform for a client. Continuum Health Care also maintains physical, electronic, and procedural safeguards to protect individually identifiable health information. Continuum Health Care is continually assessing those safeguards and making ongoing improvements to maintain and enhance our level of security for individually identifiable health information.

Ensure that health information is not used for non-health purposes. Patient information can be used or disclosed only for purposes of treatment, payment, and health care operations. Health information cannot be used for purposes not related to health care without explicit authorization from the patient.

Maintain health information in a manner to protect confidentiality. All individually identifiable health information shall be maintained by Continuum Health Care in a confidential manner that prevents unauthorized use and disclosure to third parties.