

# Associated Urologist, P.A.

## Notice of Privacy Practices for Protected Health Information

Effective Date: January 1, 2003 and revised February 04, 2011

This notice describes how medical information about you may be used and disclosed and how you get access to this information and exercise your rights regarding this information. ***Please review it carefully.***

**Associated Urologist, P.A.** is permitted by federal privacy laws to make uses and disclosures of your health information for purpose of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for the service.

Examples of uses of your health information for treatment purposes are:

- A nurse obtains treatment information about you and records it in a health record
- Required to disclose for: Public health, law enforcement, legal proceedings. (cases of abuse/neglect, health oversight, and as required by state and or federal law)
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input, and to further coordinate your care & treatment with other covered entities.
- We may use and disclose health information by telephone for appointments, treatment or medical care at Associated Urologist P.A. unless you direct us otherwise we may leave messages on your answering machine, voice mail, or with the person answering the telephone if you are not available.

An example of use of your health information for payment purposes:

- We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.
- Share certain patient health information with third party agencies for collection purposes.

An example of use of your health information for health care operations:

- We obtain services for our insurers or other business associates. We will share information about you with such insurers or other business associates as necessary to obtain these services.

### ***Your Health Information Rights***

The health and billing records we maintain are the physical property of Associated Urologist P.A. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office—we are not required to grant the request but we will comply with any request granted.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request at **Associated Urologist, P.A.**
- Right to inspect and copy your health records and billing record—you may exercise this right by delivering the request in writing to our office; copies will require a nominal fee.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. We may deny your request if you ask us amend information that was not created by us; is not part of the health information kept by or for **Associated Urologist, P.A.**; is not part of the information that you would be permitted to inspect and copy; or, is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Request that communication of your health information confidential and be made by alternative means or an alternative location by delivering the request in writing to our office.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office; and accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to you action has already been taken by delivering a written revocation to our office.
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact the Privacy Officer at the **Associated Urologist, P.A.** at 1133 College Ave., Bldg G, Suite 100, Manhattan, KS 66502, 785-537-8710, in person or in writing, during normal hours. They will provide you with assistance on the steps to take to exercise your rights.

### ***Our Responsibilities***

**Associated Urologist, P.A.** is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this notice;
- Accommodate your reasonable requests regarding methods to communicate health info with you in the rights section.
- We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

### ***To request Information or File a Complaint***

If you have questions, would like additional information, or want to report a problem regarding the handling of your information; you may contact the privacy officer at 785-537-8710.

Additionally, if you believe your privacy right has been violated, you may file a written complaint at our office by delivering the written complaint to the privacy officer. You may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address is 444 SE Quincy, Topeka, Kansas.

- We will not require you to waive the right to file a complaint with the Secretary of Health and Human Resources (HHS) as a condition of receiving treatment from **Associated Urologist, P.A.**
- We cannot and will not retaliate against you for filing a complaint with the secretary.

### ***Other Disclosures and Uses***

#### **Business Associates**

- We have associates with whom we may share your protected health information. For example, in preparing our annual financial statement, auditors may need to review samples of the medical care given. We may disclose your health information to the accounting firm to prepare this material.

#### **Notification**

- Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

#### **Communication with Family**

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

#### **Research**

- We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

#### **Disaster Relief**

- We may use and disclose your protected health information to assist in disaster relief efforts

#### **Food and Drug Administration (FDA)**

- We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

#### **Workers Compensation**

- If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

#### **Public Health**

- As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability: to report person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

#### **Abuse and Neglect**

- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

#### **Employers**

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct and evaluation relating to medical surveillance of the workplace or to evaluate whether you have work related illness or injury. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

#### **Correctional Institutions**

- If you are an inmate of a correctional institution for law enforcement purpose as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent and individual is in the custody of law.

#### **Health Oversight**

- Federal law allows us to release your protected your protected health information to appropriated health oversight agencies or for health oversight activities

#### **Judicial/Administrative Proceedings**

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

#### **Serious Threat**

- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

#### **For Specialized Governmental Functions**

- We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

#### **Other uses**

- Other uses and disclosures besides those identified in the Notice will be only otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

#### **Changes to the Notice**

- We reserve the rights to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at **Associated Urologist, P.A.** The notice will contain on the first page the effective date.

#### **Acknowledgement**

- You will be asked to provide a written acknowledgement of your receipt of this Notice of Privacy Practices.