

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH)

This notice describes how health information about you as a patient of this practice may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information also called protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to 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
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

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 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. Our practice will always post a copy of our current Notice on our website and in our offices in a visible location, and you may request a copy of our most current Notice at any time.

If you have questions about this notice, please contact our Compliance Officer

Melissa Do, BSN RN Compliance Officer
1861 N Rock RD #310
Wichita, KS 67206
316-612-1833

USE AND DISCLOSURE OF YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

1. Treatment. Our practice may use 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. Many of the people who work for our practice – including but not limited to, our providers and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your 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 we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. 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 disclose your PHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

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

6. 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.

7. Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member who is involved in your care, or who assists in taking care of you.

8. 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.

9. Public Health Risks. As required by law, our practice may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

10. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law.

11. Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. 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 we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

12. Law Enforcement. Our practice may disclose your PHI for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

13. 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.

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

15. 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.

16. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

17. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement officials. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

18. Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.

19. Business Associates. Our practice may share your PHI with business associates who are not part of our practice but who perform a function involving the use or disclosure of protected health information. For example, in preparing our annual financial statement, auditors may need to review samples of the medical care given.

20. Fundraising. Our practice will not use your PHI in any manner regarding fundraising of any kind.

21. Notice following a breach of unsecured PHI. In the event your information is released in an unsecured manner our practice will provide you with notification according to Section 13405(e) of the HITECH Act, HIPAA Privacy Rule's as contained in 164.524.

YOUR RIGHTS REGARDING YOUR PHI

1. 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 communication, you must make a written request to Melissa Do BSN RN Compliance Officer; Heartland Dermatology and Skin Cancer Center; 1861 N Rock RD #310 Wichita, KS 67206 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Melissa Do BSN RN Compliance Officer; Heartland Dermatology and Skin Cancer Center; 1861 N Rock RD #310 Wichita, KS 67206. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure, or both; and (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Melissa Do BSN RN Compliance Officer; Heartland Dermatology and Skin Cancer Center; 1861 N Rock RD #310 Wichita, KS 67206 in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of preparing, copying, mailing, labor, and supplies associated with your request. You may request that we provide you with an electronic copy of your records if requested in writing. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. 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 and submitted to Melissa Do BSN RN Compliance Officer; Heartland Dermatology and Skin Cancer Center; 1861 N Rock RD #310 Wichita, KS 67206. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment, or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Melissa Do BSN RN Compliance Officer; Heartland Dermatology and Skin Cancer Center; 1861 N Rock RD #310 Wichita, KS 67206. 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 May 1, 2018. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. 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 Melissa Do BSN RN Compliance Officer; Heartland Dermatology and Skin Cancer Center; 1861 N Rock RD #310 Wichita, KS 67206.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Melissa Do BSN RN Compliance Officer; Heartland Dermatology and Skin Cancer Center; 1861 N Rock RD #310 Wichita, KS 67206. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.

9. Right to restrict certain disclosures of Protected Health Information to a Health plan. Our practice will obtain your written authorization where you determine to restrict certain disclosures of PHI to a health plan where the individual pays out of pocket in full for the healthcare item or service we provide. You must make your request in writing to Melissa Do BSN RN Compliance Officer; Heartland Dermatology and Skin Cancer Center; 1861 N Rock RD #310 Wichita, KS 67206. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; and (b) to whom you want the restrictions to apply. In the event you require a prescription our providers will provide you with a paper prescription to allow you to request a restriction with the pharmacy of your choice, prior to them submitting the information to your health care plan.

OUR OBLIGATIONS CONCERNING USE AND DISCLOSURE OF YOUR PHI

1. Maintain the privacy of your health information as required by law using the minimum amount necessary to carry out treatment, payment, and healthcare operations.
2. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
3. Abide by the terms of this Notice.
4. Notify you if we cannot accommodate a requested restriction or other request.
5. Accommodate your reasonable requests regarding methods to communicate health information with you.

Date: 05/01/2024