



# Community Health Center of Southeast Kansas

## Community Health Center of Southeast Kansas, Inc. (CHC/SEK) Notice of Privacy Practices

### **Your information. Your rights. Our responsibilities.**

This Notice of Privacy Practices describes how your health information may be used by and/or disclosed by CHC/SEK, and how you can get access to this information. **Please review this Notice of Privacy Practices carefully.**

### Your Rights

***When it comes to your health information, you have certain rights.*** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- CHC/SEK will provide a copy or a summary of your health information, usually within thirty (30) days of your request. CHC/SEK may charge a reasonable, cost-based fee.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- CHC/SEK will say “yes” to all reasonable requests.

#### **Ask CHC/SEK to limit what we use or share**

- You can ask us not to use and/or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurance for the purpose of payment or our operations. We will say “yes” unless a law requires us to share that information.

#### **Get a copy of this Notice of Privacy Practices**

- You can ask for a paper copy of this Notice of Privacy Practices, at any time. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure that person has this authority and can act for you before we take any action.

#### **Ask CHC/SEK to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

- We may say “no” to your request, but we’ll tell you why in writing within sixty (60) days.

**Get a list of those with whom CHC/SEK has shared your information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six (6) years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one (1) accounting a year for free, but will charge a reasonable, cost-based fee, if you ask for another accounting within twelve (12) months.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us:  
 Privacy Officer/Chief Compliance Officer  
 3015 N. Michigan P.O. Box 1832  
 Pittsburg, Kansas 66762  
 Phone: 620-240-5015 email: dcreitz@chcsek.org
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Your Choices**

***For certain health information, you can tell us your choices about what we share.*** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief/emergency situation; and
- Include your information in a hospital directory.

*If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In the following cases/instances, CHC/SEK never share your information, unless you give us written permission:

- Marketing purposes;
- Sale of your information; and/or
- Most sharing of psychotherapy notes.

In the case of fundraising, CHC/SEK may contact you for fundraising efforts, but you can tell us not to contact you again.

**Our Uses and Disclosures**

***How do we typically use or share your health information?***

CHC/SEK typically use(s) or share(s) your health information in the following ways.

### **To treat you**

CHC/SEK can use your health information and share your health information with other professionals who are treating you.

*Example: A doctor treating you for an injury asks your provider about your overall health condition.*

### **To run our organization in a manner that promotes the highest quality of care**

CHC/SEK can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

CHC/SEK can use and share your health information to bill and get payment from health plans and/or other entities.

*Example: We give information about you to your health insurance so it will pay for your services.*

### **How else can we use or share your health information?**

CHC/SEK is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

CHC/SEK can share health information about you for certain situations such as:

- Preventing disease;
- Helping with product recalls;
- Reporting adverse reactions to medications;
- Reporting suspected abuse, neglect, or domestic violence; and/or
- Preventing or reducing a serious threat to anyone's health or safety.

### **Comply with contracts with pharmaceutical companies and other suppliers**

CHC/SEK can share health information about you for audit and other purposes.

### **Do research**

CHC/SEK can use or share your information for health research.

### **Comply with the law(s)**

CHC/SEK will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if the state or federal agency wants to see that CHC/SEK is complying with federal or state privacy law(s).

### **Respond to organ and tissue donation requests**

CHC/SEK can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

CHC/SEK can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

CHC/SEK can use or share health information about you:

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;

- With health oversight agencies for activities authorized by law; and/or
- For special government functions such as military, national security, and presidential protective services.

### **Respond to lawsuits and legal actions**

CHC/SEK can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- CHC/SEK is required by law to maintain the privacy and security of your protected health information.
- CHC/SEK will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- CHC/SEK must follow the duties and privacy practices described in this Notice of Privacy Practices, and give you a copy of this Notice of Privacy Practices.
- CHC/SEK will not use or share your information other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Your Rights Regarding Health Information Technology**

CHC/SEK participates in the health information exchange (“HIE”) of health information with other healthcare providers and health plans through an approved health information organization(s) (“HIO”). Through CHC/SEK’s participation, your PHI (Personal Health Information) may be accessed by other providers and health plans for the purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures of PHI.

*If you are a patient seeking care from CHC/SEK, at a CHC/SEK clinic located in the State of Kansas.*

Under Kansas law, you have the right to decide whether providers and health plans can access your health information maintained at an HIE. You have two (2) choices. First, you may permit authorized individuals to access your PHI maintained at an HIE for treatment, payment, or health care operations. If you choose this option, you do not have to do anything.

Alternatively, you can choose to restrict access to your PHI maintained at an HIE by submitting the required form to the Kansas Health Information Technology at <http://www.KanHIT.org> or by completing and mailing said form. Your restriction does not prevent access to your PHI maintained by an HIE for purposes of obtaining information about certain communicable diseases or suspected incidents of abuse by authorized individuals. Your decision to restrict access of your PHI maintained at an HIE does not prevent permissible uses and disclosures of your PHI, outside of an HIE, by CHC/SEK as outlined in this Notice of Privacy Practices. If you have additional questions, please visit <http://www.KanHIT.org>.

*If you are a patient seeking care from CHC/SEK, at a CHC/SEK clinic located in the State of Oklahoma.*

Under Oklahoma law, you have the right to decide whether providers and health plans can access your health information maintained at an HIE. You have two (2) choices. First, you may permit authorized individuals to access your PHI maintained at an HIE for treatment, payment, or health care operations. If you choose this option, you do not have to do anything.

Alternatively, you can choose to restrict access to your PHI maintained at an HIE by submitting the required form to the MyHealth Access Network at <http://www.myhealthaccess.net> or by completing and mailing said form. Your restriction does not prevent access to your PHI maintained by an HIE for purposes of obtaining information about certain communicable diseases or suspected incidents of abuse by authorized individuals. Your decision to restrict access of your PHI maintained at an HIE does not prevent permissible uses and disclosures of your PHI, outside of an HIE, by CHC/SEK as outlined in this Notice of Privacy Practices. If you have questions regarding HIE and/or HIOs, please visit <http://www.myhealthaccess.net>.

### **Changes to the Terms of this Notice**

CHC/SEK can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Updated:      09/2013      03/2015      01/2019      11/2019      02/2023