

Questions and Concerns:

- Written requests or appeals should be submitted to the Privacy Officer listed below.
- If you wish to file a complaint because you believe that your privacy rights may have been violated, please contact the Privacy Officer.
- You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights.
- Retaliation or retribution for making complaints or raising concerns are prohibited.

Privacy Officer, Wamego Health Center
 711 Genn Dr.
 Wamego, KS 66547
 785.456.2295

U.S. Dept of Health & Human Services
 Offices of Civil Rights
 200 Independence Ave., S.W.
 Washington, DC 20201

Notice of Medical Staff Availability

WHC has a member of it’s medical staff available and on-call 24 hours per day, because our medical staff is not present on-site 24 hours per day, 7 days a week. When a member of our medical staff is not at WHC, patients with medical emergencies will be assessed and treated by qualified medical personnel.



Notice of Privacy Practices

Mission Statement

Wamego Health Center is committed to the delivery of high quality healthcare to those we serve in an environment of compassion, integrity and fiscal responsibility.

Vision

Superior Niche Care in a Rural Community

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Notice of Privacy Practices

Wamego Health Center (WHC) provides health care services and products to those we serve in cooperation with physicians and other professionals and organizations involved in your care. Our privacy practices govern the following:

- Healthcare providers and professionals;
- Workforce, students, and volunteers; and
- Business Associates with whom we share your protected health information (“PHI”).

We are required by law to:

- Maintain the privacy of your PHI;
- Notify you in the event of a breach of your unsecured PHI;
- Provide you this notice of our legal duties and privacy practices with respect to PHI;
- Abide by our current Notice of Privacy Practices (“NPP”);
- Follow the more stringent state law or federal law.

We must obtain your written authorization prior to:

- Selling your PHI, except when permitted by law;
- Use or disclosure of your PHI for marketing purposes that involve financial remuneration to us, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you;
- Use or disclosure of any psychotherapy notes, except for: use by the originator of the psychotherapy notes for treatment; use of disclosure for our own mental health training programs; or use or disclosure to defend ourselves in a legal action or other proceeding; and /or
- Other uses and disclosures not described in this NPP.

WHC reserves the right to change our NPP at any time. Changes apply to PHI we already maintain. When we make a significant change to our policies or privacy practices, we post the new NPP in clear prominent locations and our web site at www.wamegohealthcenter.org. You may request a copy of the current NPP at any time. The NPP is provided no later than date of first service. WHC may request that you provide written acknowledgement that you received this NPP.

Permissible Uses and Disclosures of PHI:

- We are permitted to use and disclose PHI for treatment. For example, we may provide PHI to another provider such as a specialist as part of a referral or another provider who has been asked to be involved in your care.
- We are permitted to use and disclose PHI to obtain payment for treatment. For example, we may send PHI as part of the billing information to your insurance company or payer.
- We are permitted to use and disclose PHI for use in health care operations. For example, we may use PHI to improve quality of our caring or operations or to evaluate our staff's performance while care for you.
- Subject to certain limitations, we are permitted to use and disclose PHI without your prior authorization for public health purposes; reporting on abuse, neglect, or domestic violence; health oversight activities; coroner and funeral arrangements; organ donations; law enforcement activities; research purposes; workers' compensation purposes; healthcare services provided at the request of an employer; student immunization reporting; specialized government functions; prevention of serious threats to health or safety; judicial and administrative proceedings; or when required by federal, state, or local law.
- We are permitted to contact you for appointment reminders or to inform you about treatment options, alternatives, health-related benefits, or services that may be of interest to you.
- Unless you object, we list your name, room number, location, general condition (good, fair, etc.), and religious affiliation in the patient directory and your religious affiliation may be disclosed to a clergy member.
- We are permitted to disclose PHI to a friend, family member, or other individual who you identify as being involved in your medical care or payment of care. In situations where you are incapacitated or unable to make this decision, we will use our professional judgment in making such disclosures.
- We are permitted to disclose PHI to disaster relief authorities, so that your family may be notified of your location and condition.

Your Rights and Responsibilities regarding PHI

- In most cases, you have the right to review or obtain a copy of your PHI by submitting a written request. If you request a copy, either paper or electronic, we may charge a reasonable fee for this service. If your request is denied, you may submit a written request for review of that decision
- If you believe information in your record is incorrect or missing, you may request an amendment of the record by submitting a written request. If your request is denied, you may appeal, in writing, the decision not to amend a record. You may also ask that your written statement requesting an amendment be placed in your medical record.
- You have the right to request an accounting of the disclosures of your PHI made to outside parties. This does not include the permitted disclosures for treatment, payment, and health care operations. The request must state the time period desired for the accounting of disclosure, but no more than 6 years prior to the current date. You may request the accounting be provided in paper or electronic form. You may request that we transmit a copy to a third party designated by you. One accounting of disclosure in a 12-month period is free; additional requests are billed based on the cost of production. We will inform you of the fee for this service before any charges occur.
- You have the right to request restrictions on how we use and disclose your PHI. We are not required to comply with these requests. However, we are required to comply with any which you, or someone other than the health plan, paid us out of pocket and in full prior to the involved healthcare service or product being rendered. If we accept a restriction request, we abide by it except when a use or discloser is necessary for emergency treatment or is required by law.
- You have the right to revoke any previous authorizations, except to disclosures made prior to the date revocation, by notifying us in writing of your decision.
- You may request that we communicate with you in a specific manner.
- If you obtained this NPP electronically, you have the right to a paper copy.

- We may contact you for fundraising activities. You may opt out of fundraising communications by completing an opt-out form.

Electronic Health Information Exchange

Wamego Health Center participates in the electronic exchange of health information with other healthcare providers and health plans in the State of Kansas through an approved health information organization. Through our participation, your PHI may be accessed by other providers and health plans for the purposes of treatment, payment, or health care operations. This health information exchange organization maintains appropriate safeguards to protect your PHI.

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

You can choose to restrict access to your PHI maintained at an HIE by submitting the required form to the Kansas Health Information Exchange at <http://www.khie.org>. Your restriction does not prevent access to your PHI maintained by an HIE for purposes of obtaining information about certain communicable disease 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 Wamego Health Center as outlined in this notice. Additional information regarding electronic health information exchange is available at <http://www.khie.org>.

Shared Health Information

In addition to the HIE, WHC participates in Organized Health Care Arrangements and acts as an Affiliated Covered Entity with healthcare providers, who have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, these arrangements will allow us to make your health information available to those who need it to treat you. When it is necessary, ready access to your health information means better care for you. We store health information about our patients in an electronic medical record with other healthcare providers who participate in the arrangement. You may contact the Privacy Officer for a list of healthcare providers who participate in these arrangements.