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## NOTICE OF PRIVACY PRACTICES FOR PATIENTS EFFECTIVE 10/18/13

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.** The Notice will explain in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. If you have any questions about this notice, please contact the Privacy Officer, Delores, at Summit Skin & Vein Care (816) 554-VEIN (8346).

**PLEASE REVIEW ITCAREFULLY.**

**THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule." We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

We create a record of the care and services you receive at Summit Skin & Vein Care. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our Practice.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices concerning medical information about you; and
- follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

We use and disclose medical information in many ways. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. For each category of uses or disclosures, we will explain what we mean and try to give an example.

➤ **For Treatment.** We may use medical information about you to provide you with medical treatment or services. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, Sandy is a patient at a local medical clinic. The receptionist may use medical information about Sandy when setting up an appointment. The Primary Care Physician (PCP) will likely use medical information about Sandy when reviewing Sandy's condition and ordering any additional lab work. The laboratory technician will likely use medical information about Sandy when processing or reviewing the lab results. If, after reviewing the results of the lab work, the PCP concludes that Sandy should be referred to a specialist, the physician may disclose medical information about Sandy to the specialist to assist the specialist in providing appropriate care to Sandy.

Different personnel in our organization may share information about you and disclose information to people who do not work for Summit Skin & Vein Care in order to coordinate your care, such as phoning in prescriptions to your pharmacy or scheduling lab work. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.

➤ **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Summit Skin & Vein Care may be billed for and payment may be collected from you or on your behalf from an insurance company or a third party. This means that we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers or collection agencies) and/or we may disclose medical information about you to an insurance plan *before* you receive certain health care services. For example, we may need to give your health plan information about testing that you received at our Practice so your health plan will pay us or

reimburse us for the services provided. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether you plan will cover the treatment.

➤ **For Health care Operations.** We may use and disclose medical information about you for our Summit Skin & Vein Care operations. These uses and disclosures are necessary to run our organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Summit Skin & Vein Care patients to decide what additional services our Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other similar organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care without learning who the specific patients are.

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

➤ **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Summit Skin & Vein Care.

➤ **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

➤ **Health Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

➤ **Individuals Involved in Your or Payment for Your Care.** We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

For example, Sandy's husband regularly comes to the Practice with Sandy for appointments. When the physician is discussing the procedure with Sandy, Sandy invites her husband to come into the private room. The physician discusses the procedure with Sandy and Sandy's husband.

➤ **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

➤ **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

➤ **Military and Veterans.** If you are or were a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

➤ **Public Health Risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

➤ **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care civil rights laws.

➤ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

➤ **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

➤ **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

➤ **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, **in writing**, at any time. If you

revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorizations from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, or mental health for purposes such as treatment, payment and health care operations.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

➤ **Right to Inspect and Copy.** You have the right to inspect and copy your medical information, such as medical and billing records, that we keep and may be used to make decisions about your care. You must submit a written request to the Privacy Officer in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. 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.

We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by Summit Skin & Vein Care will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.

➤ **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all of the information, both old and new, is kept by or for Summit Skin & Vein Care. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- b) Is not part of the medical information kept by or for our Practice;
- c) Is not part of the information which you would be permitted to inspect and copy; or
- d) Is accurate and complete.

➤ **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you, excluding disclosures for the purpose of treatment, payment and health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12– month period will be free. For additional lists, we may charge you for the costs 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.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation 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 limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***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 you emergency treatment or we are required by law to use or disclose the information.

***We are required to agree to your request*** if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.

To request restrictions, you must make your request **in writing** to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

➤ **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request **in writing** to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, ask any of our office staff or our Privacy Officer.

## **COMPLAINTS**

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 Summit Skin & Vein Care, please write to the Privacy Officer at Summit Skin & Vein Care, 3521 NE Ralph Powell Road, Suite C, Lee’s Summit, MO 64064. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

It is our policy to properly determine appropriate uses of the PHI in accordance with the governmental rules, laws and regulations. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. The Notice, will contain on the first page, the effective date. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request. Please contact our Patient Coordinator at the Front Desk to obtain a new copy of our current Notice.